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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TERRETARINE ASSESSMENT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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S	20c. TIME OF INJURY Hour a.m.	Month, Day, Ye			CCURRED	20e. PL	ACE OF INJURY (Hame, form	20f. (Cit)	y or tawn)		(County)		(Stote)
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	PHYSICIAN'S NAME (Type)	Dr. Wollco	t L.	Et	ienne	MD.		30	leg	2	Par	5	1	19	
20	BURIAL, CREMATION REMOVAL (Specify)						R CREMATORY		22d. 10 CA	0.0				(Stot	e)
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	Na	(if yet, give wor or dates of service)	- 1	FATHER- IT	EM 13	BALTIMORE 16,
f	18. CAUSE OF	DEATH [Enter only one cause per	line Ar (a), (b), and (c).]			INTERVAL BETWEEN
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where eleceosed lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) shauld be RURAL and give nearest town) da d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OF INSTITUTION 0 NAME OF Middle 4. DATE Last Month DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DE DATE OF BIRTH 9. AGE (In years last birthday) Months WIDOWED [DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 579-22-2407 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (a), stating the under lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGHTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, affice bldg., etc.) Hour a. m While Not while at work at work 21. I certify that I attended the deceased fram. 19 (Cathat I last saw the deceased , and that death occurred at 41:075.M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL Pin PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City

24g. REC'D BY REGISTRAR

DATEIN

07179

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

24. REGISTRAR'S SIGNATURE

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ON A FARM?

YES NO

Year

1960

VS A15 (4) 1SM 9/SS

NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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VS A15 (4) 15M 9/55

	7194 CERTIFICATE OF DEATH Reg. Dist. No.
I director, filed with	1. PLACE OF DEATH o. COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Many and b. COUNTY Prince Geo
ofter death the funeral shauld be	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HYATISVILLE
burs ofte	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5825 32ND A VE o. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
filled if	3. NAME OF DECEASED (Type or print) First Middle Verovica Blake 4. Date Of Month Of DEATH June 28 1960
pletely prers. Po	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED OCT 12, 1912 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs. Months Days Hours Min.
and com	10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSEWIFE 12. CITIZEN OF WHAT COUNTRY PHIL'A, PENN'A, U.S. A.
de is ge	JOHN RICHARDSON ELIZABETH MCDONALD
h certifica ing physic se remave 172 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unindown) (If yes, gave wor or dates of service) 209-26-8967 MICHAEL H. BLAKE Address SAME AS # 2.
equires that the deatl n. signed by the attend it permit. Then pleas id in any event within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause (a), stating the under-lying cause lost. (c)
physicia physicia iastrans noval, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH
IAN: Il fending ificate h the bur , or rem	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at this cert r use as emation	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
AL OR ATTENDING ined by the hospit DIRECTOR: After to add be detached for or prior to burial, or	21. I certify that I attended the deceased from 18 18 1960, to 1960, to 1960, that I lost sow the decease olive on 1960, 1960, and that death occurred at 13 A.M. from the causes and on the date stated above ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE 9. Jerus 1960, M.D. 8641 Coles VIIIe Road 42216 PHYSICIAN'S RAME (Type) G-LEONARD GOLD Silver Spring, M.D.
may be roof to fund to	270. BURIAL, CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 10wn, or county) (Stote) REMOVAL (Specify) 6-24-60 MT, OLIVET WASHINGTON, C. C. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DATE JUN 2 4 '60

	ATE OF DEATH	VISITABLE .	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND REC W. PRESTON STREET, BALTIMORE 1, MARYLAND 7205 EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) y is necessary, I director. Page or your files. a. COUNTY b. COUNTY MARYLAND Prince George's b. CITY OR TOWN If outside corporate limits. Moryland Frince Geo:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) Board of H write RURAL and give nearest town) Forestville cherverly
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? George 18 YES NO Marlboro Pike General DECEASED (Type or print) DEATH Burroughs June with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR 5 m and 2 w last birthday) Months Hours 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Maryland

14. MOTHER'S MAIDEN NAME Housewife Own Home Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgive war or detas of service) Fred. Burroughs, same as NO.

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) Office DUE TO Fracture of the skull DUE TO (a), stating the underlying be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY PERFORMED? ute the certificate, writing the word Composind fractures of both distal end of femure
20a. EXTERNAL CAUSE WAS | 20b. DESCRIBE HOW INJURY OCCURED (Enlar pature of injury in Part I or P NO TO should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. burial, should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) factory, street, office bldg., atc.) 0 Not While 7:00 p.m. 25/60 at work at work State Road Forestville P. G. Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 6/26/60 DEPUTY MEDICAL EXAMINER Addrass (Street, city, town, or county) 228 LOURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 40 REC'D BY REGISTRAR arthur S. Kraus VS. A15ME 5M 7/59

alayoo eoriga Lorestville The state of the Farrengia Cure NE , E 50 9119 08 Famile - Colored - -Com Tomo Terriend A CO T elime suo H 1 10 C. 10 U. a company Fred. Burroughs, same an p 2 You'r bin o mid shock finds of the eventsers primel to the ferrib died to serviced he wound V: CO R State Road Forestville P. C. 10. 05 (88)8 JUNE I BOYD

A poleman Teamenal How & 21 C to the Missing 25 the

may be remed by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

TO HOSPITA may be r

VR A15 (4) 1SM 9/S9

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Pi	rince George	S	MARYLAND	2. USUAL RESID	PENCE (Where	deceased	b. COUNTY	an: Resider	e Geo	rges
RURAL and give no	f autside carporate limits, earest town)	write c. LEN	GTH OF STAY IN 16	1	own (If outs			URAL ond	give neare	st town)
A NAME OF HOSPIT	AL (If not in hospital, give Georges H	ospital		d. STREET AL	DDRESS L Banne	er St	reet	161	- 1	ON A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle	Bvrd	1	OF DEATH		Month Day Year Une 13, 160 Pors IF UNDER 1 YEAR IF UNDER 24 HRS. Py) Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY? U.S. Address Same INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEAT		
S. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years last bythday) yrs.	IF UNDER		UNDER 24 HRS
10a. USUAL OCCUPATION during most af work H OUSE 13. FATHER'S NAME	DN (Give kind of work do king life, even if refired)	ne 10b. KIND O	F BUSINESS OR INDU	М	arylan	d	untry)	12. CIT		
	iam Jones			14. MOTHER'S	MAIDEN NA					
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of serv	S? 16. SOCIAL	SECURITY NO. 17.	NFORMANT Husband-	Clude	Burd				
20g, ACCIDENT W	mmediote the under- DUE TO (c)_ HER SIGNIFICANT CONDI		UTING TO DEATH BU	T NOT RELATED TO		AL DISEASE		VEN IN PAR		PERFORMED?
-	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year	While _ No	OCCURRED 20e. Proposition of the	LACE OF INJURY (Incompression of the control of the	dome, form, bldg., etc.)	20f. (City	or town)	(County)	(Stote
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CERTIFICATE OF DEATH director, filed with Poge PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY should be filed MARYLAND the death certificate be executed within 24 haurs after death. b. CITY OR TOWN (If outside corporate lights, funeral write c. LENGTH OF STAY IN IL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest (Jwn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 4. DATE OF DEATH NAME OF Middle First filled Poges (Type or print) 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) campletely WIDOWED K DIVORCED | 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or fareign cauntry) during most of working life, even if retired) pup 7000811 13. FATHER'S NAME 14. MOTH physician 15. WAS DELEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO offending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO þ Conditions, if ony, which any has been signed gove rise to immediate DUE TO couse (a), stating the underond lying couse lost. as the burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING remayal. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter notu After this certificate MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJUI Doy, Year 20d. INJURY OCCURRED factory, street, a for use Hour o. m. Not while of work at work 21. I certify that I attended the deceased from and that death accurred ACTUAL prior

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEMPTERY OR CREMATOR

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

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Months

IS RESIDENCE

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Washing ten &	70, A.C
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DATE JUN 22 160 On	Thur S. Krous
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TO FUNER VS A15 (4) 15M 9/55

the registrar

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PHYSICIAN'S

NAME (Type)

BURIAL, CREMATION,

PUNERAL DIRECTOR'S SIGNATURE

DATE THEREOF

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Specimen Section Column	

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

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(County)

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Prince Georges Maryland MARYLAND Prince Georges Report b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Glen Arden Cheverly h hrs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Wesley St. Prince Georges General Hospital NAME OF First 4. DATE Middle Month June (Type or print) Daniel W Carter DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Aug. 1898 DIVORCED T Black WIDOWED | Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LIBBORER Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Massive intrashtricular hemorrhage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Hemorrhage left internal capsule Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the under-Cerebral arteriosclerosis lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy. Year foctory, street, office bldg., etc.) WEDI o. m While Not while of work of work 21. I certify that (I) (this haspital) attended the deceased fram 26 June 19 60 to 26 June saw the deceased alive an 26 June 1960, and that death accurred 52 154, from the causes and an the date stated above. 220. ANATURE ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Mt. R ainier., Md Geo. Hageage., M.D.

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

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23b. DATE THEREOF

BURIAL, CREMATION.

24. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town, or county)

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 and by the hospital or attending observing observing the hospital or attending observing the property or attending observing the property.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2186

1. PLACE OF DEATH O. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	before admission)
b. CITY OR TOWN (If outside exoprote limits, write RURAL and give negrest town) TO RESTVILLE G. LENGTH OF STAY IN 1b PORESTVILLE	c. CITY OR TOWN Uf outside corporate limits, write RURAL and give	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
TORESIVILLE NURSING HOM	8-2/10 - 13 St 25	YES NO
3. NAME OF DECEASED (Type or print)	OSSADAY DEATH JINKE	151 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
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13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	232
James C. Kucheloe	Jexarra Richards	or
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes as or unknown) (If yes, give wor or dates of service)	Mordon Kinchelae 70	infortya
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	V	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	howermored	- Luck
H 9 DUE TO		
Conditions, if ony, which (b)		C. C. S. T. 11
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	ACE OF INJURY IHome, form, 20f. (City or town) (Coctory, street, affice bldg., etc.)	unty) (State)
21. I certify that I attended the deceased fram		saw the deceased
alive an 5-31-60, 19 , and that death	accurred at 10:45 M, from the causes and an the	date stated abave.
ACTUAL SIGNATURE John B Degan	ADDRESS (Street, city or town, state) M.D.	DATE SIGNED
PHYSICIAN'S 10 HN B FEGAN 2	210 history are SE We	ni ioc
220. BURIAL, CREMATION, REMOVAL (Specify) 226. DATE THEREOF 22c. NAME OF CEMETERY OF CLASSICS CONTROL OF CONTR	Employ Cliffor Vis	(Stote)
23. FUNESAL DIRECTOR'S SIGNATURE DEPENDENT COL	D POS. RC'D BY REGISTRAR 246. REGISTRAR'S SIGN	TURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 7910

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1. P	ACE OF DEATH COUNTY Princes Georges	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Maryla	nere deceased lived. If institution d. COUNTY	rince Ge	orges
Ь	CITY OR TOWN (If outside corporate limits, v RURAL and give necrest town) Cheverly	D.O.A.	c. CITY OR TOWN (IF o	outside corporate limits, write F eights	₹URAL and give ne	earest town)
C	NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Prince Georges Ge	street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
				T		
1 0	IAME OF First PECEASED (Type or print) Kevin	Middle Paul	Cavalin	4. DATE Mor	ne l	1 19 60
S. S	M M	MARRIED NEVER MARRIED []	B. DATE OF BIRTH May 29, 195	9. AGE (In years lost birthdoy) yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
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	WAS DECEASED EVER IN U. S. ARMED FORCES no, or unknown) (If yes, give war or dates of service		NFORMANT	Add	ress	Md.
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z	PART II. DEATH Enter only one cause PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITI	Eng k	the Db	ILLUMO THA		ISET AND DEATH
CERTIFICATION					VEN IN PART I(O)	PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)		
MEDICAL	Hour a.m.		ACE OF INJURY (Home, farm ictory, street, office bldg., etc		(County)) (State)
	21. I certify that (I) (this haspital) a saw the deceased alive an	attended the deceased fram.	death accurred 10:3	59, to Sune 4 50, from the causes as	nd an the date	
	220. SIGNATURE HUM WY	ridely	M.D. PHYS.	ED. STAFF RECTOR PHYS.		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Dr. Hans Wod	ak	30 C Ridg	e Road, Greenb	elt, Mrd.	
230	AURIAL, CREMATION, 23b. DATE THEREOF	omt on	et Cemely	week	ight,	JE.
24.	FUNIERAL DIRECTOR'S SYCHATURE	Willer 10	m 250. 85		STRAR'S SIGNATU	

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l director, filed with	NA	1. PLACE OF DEATH O. COUNTY PINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) b. COUNTY Prince George Maryland
the funeral should be f	IAI	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Bruse Rural on Burnet Rural on Burnet Rural
y the	1	d. NAME OF HOSPITAL (II not in hospital, give sheet oddress) OR INSTITUTION Bourse MD.) Assure Main hospital, give sheet oddress) OR A FARM? YES \(\sigma \text{NOTE} \) NO (A)
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npleters.		Male Negro WIDOWED DIVORCED Dyne 6 1886 84 yrs. Months Days Hours Min.
and on poor		10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sigle or foreign country) 12. CITIZEN OF WHAT COUNTRY: 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physician remave carl	1	John Contee Margaret Chitans
729		(Ver. no. or unknowe) (If yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] [INTERVAL BETWEEN]
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spital ar ter this c d far use t, cremat		Hour o. m. p. m. 19 While of work of work foctory, street, office bldg., etc.) 21. I certify that I attended the deceased from 196 (to bloom 1), 196 (to bloom 1), 196 (that I last saw the deceased
y the hos TOR: Aft detached to burial,		alive an June 16, 1960, and that death accurred at 2,31 P.M. from the causes and an the date stated above ADDRESS (Street, city or town, state)
DIRECTOR DIR	1	PHYSICIAN'S 1 04 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
oy be regge 3 should be registror		NAME (Type) / / / / / / / / / / / / / / / / / / /
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15M 10/57		Henry & Walkington 4423 Deine Clu 1/2. Date MN 22'60 Octo & Knows

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	15.	WAS DECEASED E	Clinton VER IN U. S. ARMED	FORCES? 16. S	SOCIAL SECURITY NO.	INFORMA		-6 2-1-	Add			
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		18. CAUSE OF D	DEATH Enter anly or	ne couse per line	e far (a), (b), and (c).]						INTERVAL BET	WEEN
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7974

CERTIFICATE OF DEATH

	4643		0. 0		Reg. Dist. No.	
1.	PLACE OF DEATH O. COUNTY . PROVERS	MARYLAND	2. USUAL RESIDENCE (Where of	deceased lived. If institution b. COUNTY	Residence before admission	n)
	BURAL and give nearest Jown	c. LENGTH OF STAY IN 16	ACITY OR TOWN (If outside	de corporate limits, write RU	URAL ond give necrest town)	
	d. NAME OF HOSPITAL (IF not in hospital, give strong INSTITUTION THEN BUSHAM NUTTI	reet oddress)	d. STREET ADDRESS	nwood	e. IS RESID ON A F YES YES	ARM?
3.	NAME OF DECEASED (Type or print) Fred	Everett	Clark .	DATE Mont OF JUN		960
	Male white win	OWED DIVORCED	8. DATE OF BIRTH NOV. 2, 1880	9. AGE (In years lost birthday) 79 yrs.	Months Days Hours	24 HRS. Min.
	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Building	New Vor	4	12. CITIZEN OF WHAT C	OUNTRY
	Joseph H. Clar	<i>k</i>	HI'CC H	embeck		
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. 1 094-10-5463-	NUTSINE A	Home Re	cords	
	IB. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	er line for (o), (b), and (c).]	: Heat F	= 1/ure	INTERVAL BETY ONSET AND D	WEEN DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u> (b) DUE TO					
CATION	PART II. OTHER SIGNIFICANT CONDITIO				EN IN PART I(o) 19. WAS AL PERFORA YES	MED?
L CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port !	l or Port II of item 18.)		
MEDICAL	Hour o. m. W	od. INJURY OCCURRED 20e. PL. hile Not while for work of work	ACE OF INJURY (Home, form, 2) clory, street, office bldg., etc.)	Of. (City or town)	(County)	(State)
	21. I certify that I attended the decalive on, 1	/*	accurred at 9: 20 FM	A, fram the causes a		
	ACTUAL STUER STUER SIGNATURE	lson)	M.D. 4600 Czyco	RESS (Street, city or town, s	Kel & Park G	SIGNED
22/	PHYSICIAN'S NAME (Type) - BURIAL, CREMATION, 22b. DATE THEREOF	Nelson		Maryl	dyl	//
	movad (Burial 6/10/60	Fantinkill (Cemetery E.	l location (city, town, o	Ulster N.Y	•
23.	FUNERAL DIRECTOR'S SIGNATURE Gasch(s Sons Hyat	ADDRESS taville, Md.	24a. REC'D BY		TRAR'S SIGNATURE Thus S. Track	

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1	T		MARYL	AND S	TATE DEPAR	TME	NT OF H	EALT	H-BA	LTIMORE,	18	U	112	1
8 2			725 4	EDICA	LEXAMIN	ER'S	CERTIF	ICA	TE OF	DEATH	Reg.	Dist. No	719	1
should should be	1.	PLACE OF DEATH a. COUNTY	Prince Geo	rge	MARY	AND	2. USUAL RES			sed lived. If institu b. COUNT				
Poge (C)		b. CITY OR TOWN and give nearest to	(If outside corporate limits, write "") Laurel	e RURAL	c. LENGTH OF STAY I		c. CITY OR	town (III		porole limits, write	RURAL of	nd give n	earest to	wn)
E80 rior to		d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hosp	ital, give street address	p/	d. STREET A		y S pri	ng Road		V	ON	ESIDENCE A FARM?
gistra	3.	NAME OF DECEASED (Type or print)	Katherine	Marie	Middle Clayman		Last		4. DATE OF DEATH	June 14		Day		ear
o the further the re	5.	SEX F	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		1960	9. AGE (In years lost birthday)				ER 24 HRS. Min.
ond 3 to	10	usual Occupat	10N (Give kind of working life, even if retired)			_	Y 11. BIRTHPLA	-	or foreign o		12. CI	TIZEN O		COUNTRY?
5 may be	13	FATHER'S NAME	rge Neal Cl	ayman			14. MOTHER'S I		AME Helm	S				
1	15	. WAS DECEASED E	VER IN U. S. ARMED FO		OCIAL SECURITY NO.		FORMANT COTES N	. Cla	ryman	Address Laurel,	Marv	land		
Permit.			ATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		or (0), (b), ond (c).] Strangul:							INTER	VAL BETWE	EN TH
pencil in tem		Ta/ Conditions, if	Ony, which)		Aspiration	on o	f food				16			
a burial		gove rise to imm (o), stoting the couse lost.												
s Office	CERTIFICATION	PART II. O	THER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEATH	BUTNO	OT RELATED TO	THE TERMI	NAL DI S EAS	E CONDITION GIV	EN IN PA		PERFO	AUTOPSY RMED?
d be	-	20g. EXTERNAL CAPRIMARY OF OF CAUSE OF DEATH	USE WAS DITRIBUTING [20	b. DESCRIBE	Aspiration	ED. (En	food	ury in Parl	1 or Part 11	of item 18.)				
the warr	MEDICAL	1:30. m	JRY Month, Day, Yea 6/14/60 19	White	JURY OCCURRED 200	foctor	OF INJURY (H	ome, form bldg., etc.			Geo.	Ma	ryla	(Stote)
writing DR: Pag			hat I took charge d from: Natural							nspection [4],	-		and f	ind that
Tiffcate, na the CI DIRECTO		ACTUAL SIGNATURE	Phud ?	Ma	lænen		500		AMINER [DATE S	IGNED
FUNERAL r remayal.		EXAMINER'S NAME (Type)	John T. Ma	loney)		ASSISTAN		AL EXAMINE	Tanana Tanana	14,	1960		
TO FUN	220	BURIAL CREMATI	June 16		2c. NAME OF CEMETER	444	etery		22d. LOCA	TION (City, town, o	or county)	134	(State	al,
S. A15ME(5) 5M 9/55	23.	Cellitt	R'S SIGNATURE	an 1	Laurel	7	21		BY REGIST	0.00	TRAR'S SI	200		
1130	1										12-000	a. /la	MAR.	

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rs after death. Page 4

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 may be reflect by the hospital or attending physician.

TO FUNERAR SIRECTOR: After this certificate has been signed by the attending physician and campletely filled the page 3 shauld be detoched far use as the buriol-transit permit. Then please remove exchange pagers. Poges 1 at the State Board of Health prior to burial, crematian, or removal, and in any event, within 22 haurs after death.

VR A1S (4) 1SM 9/S9

	Ttems 7	8 FilmC266	-b-b0 et		100000000000000000000000000000000000000		
1. PLACE OF DEATH	1212		2. USUAL RESIDENCE (Where deceased live		Residence before	admission)
	nce Georges	MARYLAND		and	b. COUNTY	Princes	Georges
		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURA		Georges est town) Is RESIDENCE ON A FARM? YES NO D Yeor 19 60 F UNDER 24 HRS. Hours Min. WHAT COUNTRY? FINAL ETWEEN TOWNS WAS AUTOPSY YES NO (Stote) at (I) (we) last
b. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly 3 da, d. NAME OF HOSPITAL (If not in hospitol, give street address) Prince Georges General A STREET ADDRESS Randolf Cone Cohen Death First Middle Lost A STREET ADDRESS Randolf Cohen Death Doy Year 10. S. SEX 6. COLOR OR RACE We WIDOWED DIVORCED D							
d. NAME OF HOSPITAL	. (If not in hospital, give street	address)	d. STREET ADDRESS	Randoli		е	IS RESIDENCE ON A FARM?
	Prince Ge	orges General	6804	Remodef	Street		YES NO
	First	Middle	Last	4. DATE	Month	Day	Yeor
	Iena		Cohen		June	25	19 60
5. SEX 6	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED		1878 9. 6	GE (In years IF		IF UNDER 24 HRS.
Female	W. WIDOWI	DIVORCED [7-4-	1879		onths Doys	Hours Min.
10a. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Ste	ote or foreign countr	y)	12. CITIZEN OF	WHAT COUNTRY?
11		un Home	- new	York	2	M.	S'A
3. FATHER'S NAME	6	/	14. MOTHER'S MAIDEN	NAME			
Thers	man Ba	er	u	nknow	Un		
		SOCIAL SECURITY NO. 17.	INFORMANT	01	Address		1121
(100 may as assumently	no	C	fires I.	Cohen	Kadha	nh /a	lleyma
18. CAUSE OF DEATH	Enter only one couse per li	ne for (a), (b), and (c).]				INTER	RVAL BETWEEN
	WAS CAUSED BY:	ssive Intrave	ntricular her	norrhage			
1331A							
Conditions, if any		marrhaga righ	t internal ca	ansule		7	12 hours
gove rise to imm	mediote (WHAT THEREO T TEN	O THOOP HAT O	400420			
	e under-	mahmal antani	osolomosi s				Wears
				RMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o) 19	. WAS AUTOPSY
ATIO							PERFORMED?
E 20a. ACCIDENT WAS	UNDERLYING [7] 20b. DES	CRIBE HOW INJURY OCCUR	RED (Enter noture of injury	in Port I or Port II o	of item 18.)		TES CA THO L
20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH		test (enter notoro et injery				
		NJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	arm, 20f. (City or t	ownl	(County)	(State)
Hour o.m.	White	Not while	octory, street, office bldg.,		,	(coom))	(51515)
-	01 401		7-22	1. /	250	1-	
	(1) (this haspital) attend			1960, to 6			
	d alive an	19, and that	death accurred at_	1000000 the	causes and	an the date	
220 SIGNATURE	. 141		ATTENDING	MED S	TAFF _	2 /00	
22c. PHYSICIAN'S	wygagea	98	M.D. PHYS.	DIRECTOR P	HYS. 🗌 💪	-25-	-60
NAME (Type)	1	THE REAL PROPERTY.	ZZG. ADDKESS				
D1	r. George Hag	eage MD.					
23a. BURIAL, CREMATION, REMOVAL (Special)	23b. DAYE THEREOF	23c. NAME OF CEMETERY	OR EREMATORY	23d LOCATION	City, town, or	tythuo	(Stote)
Durin	6/26/60	arlington	Hebrew	11. cert	inglor	- law	jusy
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	70 M /250. RI	SIN BY RECHETOAR	256. REGISTR	AR'S SIGNATUR	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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o. STATE MARYLAND o. STATE Maryland Name Maryland	NCE (Where deceased lived. If institution: Residence before admission) b. COUNTY rvland Prince Georges
Prince Georges Nar	
L CITY OR TOWAL HE - will - would Fritt with LENGTH OF STAY IN ALL	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TON	WN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give negrest town ly 10 Hrs, 7/College	ge Park Maryland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	ON A FARM2
	Dickinson tve.
NAME OF First Middle Lost DECEASED	4. DATE Manth Day Year
(Type or print) Carroll E. Cox	DEATH June 24 19
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
	2/19/11 48 yrs.
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	sylvania USA
B. FATHER'S NAME	AIDEN NAME
Isaac Cox	Amy Eastburn
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT	Address
	th Cox College Park, Md.
no	on our college raik, has
Conditions, if ony, which gave rise to immediate couse (a), stating the <u>under-lying</u> couse last. (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION OF THE CON	HETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
	njury in Port I or Port II of item 18.)
6-t tttt	ome, form, 20f. (City or town) (County) (State
Hour a. m. While Not while tactary, street, affice bl	100, 610.)
	· Que 201 2010 111
21. I certify that I attended the deceased from This. 1960.	
alive an Alfred 24, 1960, and that death accurred at 6	20pm fram the causes and an the date stated above
7/ 7/0-11	ADDRESS (Street, city ar town, stole)
SIGNATURE STAMP (CULTUM) M.D. 941	0-2549 ST 1.W WELLE 6-25
PHYSICIAN'S HARLY N. GARLTON, MD N	vashington A.C.
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, tawn, ar caunty) (State)
REMOVAL (Specify) June 28, 1960 Longwood Cemetery	Kenneth Square Pennsylvan
	Ag. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	DATE JUN 2 9 '60 arthur S. Krana

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reflect by the haspital ar attending physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 c. 32 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B

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	ASPERTATE			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Administrat

15M 9/SB

07196 Rea. Dist. No.

> e. IS RESIDENCE ON A FARM? YES NO

> > Year

1960 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Haurs 12. CITIZEN OF WHAT COUNTRY? II S.A. INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? YES NOTE (State) (County) 1960, to June 13, 1960, that I last sow the deceased ADDRESS (Street, city or town, stote) West Hyattsville, Md. 24b. REGISTRAR'S SIGNATURE arthur S. Kraus DATE JUN 2

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VS. A15ME(5) 5M 9/55 07197

Reg. Dist. No.

. 0	COUNTY	CDCEC		MA	RYLAND	O. STATE		here decea	b. COUNT		GEORCE	sion)
h	PRINCE GE CITY OR TOWN 111 o and give nearest town)	ORGES	a PHIDAI	c. LENGTH OF ST			ARYLA	ND	porote limits, write	PRINCE	GEORG	123
	FOR RESTV	washing to	n 25,	DOA		1/	ESTVI		porote timits, write	KUKAL ONG GIVE	neoresi tow	nj
d	. NAME OF HOSPITAL	OR INSTITUTION	If not in hosp	pital, give street odd	iress)	, d. STREET AL	DDRESS					IDENCE
	USAF HOSE	ANDREWS				6107	RITC	HES R	OAD			FARM?
3. P	NAME OF DECEASED	Fir		Middle	- 1	Lost		4. DATE OF	Manth	Doy	Ye	or
(Type or print)	GEOR	GE	WILLIAM		CULLEME	BER	DEATH	JUNE	14	1 19	60
5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MAR	RIED 8.	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER TYEAR	1	
N	MALE	CAUCASIAN	WIDOWED	DIVORCE	0 0 2	7 JULY 1	1915		44 yrs.	Months Days	Hours	Min.
10a.	USUAL OCCUPATION	(Give kind of work	done 10b. K	IND OF BUSINESS O	OR INDUSTR	Y 11. BIRTHPLA	CE (Stote	or foreign o	country)	12. CITIZEN C	F WHAT C	OUNTRY?
	CARPENTER		CON	STRUCTION	J	MARY	LAND	CH	ALRYT.	UNITE	STAT	ES
13.	FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME		1 0:11	9.4.1.	
	ALVIN OWE	N CULLEMB	ER			NELL:	TE T	SIMMO	NS			
	WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY N	O. 17. IN	FORMANT		0 211,1110	Address			
ξ T 03,	NO III	f yes, give war at dates of	service)	14-18-61	04/GE	ORGE W	CULLE	MER	JR			
	18. CAUSE OF DEATH	[Enter only one co	se per line f	or (a), (b), and (c),		ONGE II	J C Jul	الموسار الدواه	011	INT	RVAL BETWEE	N
	PART I. DEATH	WAS CAUSED BY:	LICH	ORRHAGE A		OCK DUE	TO S	HOTGU	N WOUND I	O HEAD	DOA	Н
	07/10	AMEDIATE CAUSE (o	3 11-11	OUTTINGE A	IND OIL	OCK DOL	10 3	nor Go.	N MOUND I	O DEAD	DUA	
	A. JOX	DUE TO										
	Conditions, if ony	te couse										
	(o), stoting the un	derlying DUE TO								47-34		
_	couse lost.) (c										
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	NIKIBUTING TO DE	ATH BUT NO	OT RELATED TO T	HE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS A PERFOR	
Z.											YES 🗌	NO 🔯
RTIF	PRIMARY TO OF CONT	RIBUTING []	b. DESCRIBE	HOW INJURY OCC	CURRED. (En	iter nature of inju	ary in Port	1 or Part 11	of item 18.)			
J.	CAUSE OF DEATH.		SELF I	NFLHCTED	WOUND							
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED	20e. PLAC	E OF INJURY (He	ome form	20f. (Cit)	or town!			
MED					toctor	ry street office !	olda etc.)	1	or lowing	(County)	1 - 1	(Stote)
	1030 p. m.	6/14 19	50 While	k ot work		ry, street, office to	oldg., etc.)	-	RESTVILLE		GEOR	(Stote)
	1030 p. m.		50 at wor	k ot work	Н	ry, street, office to	oldg., etc.)	FOR				
		t I took charge	of the r	emains describ	H ded abov	ONE one, held an	oldg., etc.)	FOR	RESTVILLE	PRINCE Inquiry X		GES M
	21. I certify the	t I took charge	of the r	emains describ	H ded abov	onE onE e, held an	Autopsy	FOR	RESTVILLE	PRINCE Inquiry X		GES M
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	21. I certify the death resulted f	t I took charge	of the r	emains describ	H ded abov	ry, street, office to OME re, held an a ide X, Ho	Autopsy pmicide	FOR	RESTVILLE	PRINCE Inquiry X	, and fi	GES M
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	21. I certify the death resulted f	t I took charge rom: Natural	of the recauses C	emains describ	Hoed abov	ry, street, office to ONE re, held an a ide X, Ho M.D. CHIEF ME ASSISTAN DEPUTY A	Autopsy omicide EDICAL EXA MEDICAL E	FOR U	RESTVILLE rspection [X], ndetermined c	PRINCE Inquiry X ause), and fi	ME 60
220.	21. I certify the death resulted for ACTUAL SIGNATURE EXAMINER: NAME (Typh) JC	HN T MALO	of the recauses C	emains describ Accident	Hoed abov	ry, street, office to ONE re, held an A ide X, Ho ASSISTAN DEPUTY A CREMATORY	Autopsy pricide EDICAL EXAMPLICAL EXAMPLICAL E	FOR U	RESTVILLE Inspection (X), Indetermined of IR (I) TION (City, town, of)	PRINCE Inquiry X ause	DATE SIGNATE SIGNATURE SIG	ME 60

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00000
	7277 CERTIFICATE OF DEATH Rog. Dis	
1)	OPRINCE GEORGES MARYLAND DOSTATE D. COUNTY PRINCE	CE GEORGE
1. PLACE OF DEATH Reg. Dist. No. 1. PLACE OF DIST. No.	e. 15 RESIDENCE	
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)	FEMALE CAUC WIDOWED DIVORCED 13 JUNE 1966 lost birthdoy) Wonths	Doys Hours Min.
	during most of working life, even if retired) NA MARILAND	SA "
	JOSEPH S. DE BLAST HELEN MCCUE	
	(Yes no or unknown) . Iff was give were or detect of service)	
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	(Conditions, if ony, which) (b) Kespiration distress Syndrome	8 1/2 Hr.
	couse (o), stating the under-	8 % hrs
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ounty) (Stat
7		
1	ADDRESS (Street, city or town, stote)	DATE SIG
	PHYSICIAN'S TOLKI MOODE MAI USAF MG ANDREWS AT BEDGE DAGE WAGE	13 JUN
	NAME (Type) JOHN A MOORE, MAJ, USAF, MC ANDREWS AIR FORCE BASE, WASH. 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	REMOVAL (Specify) JUNIE 16 1960 HRLINGTON MATIONAL ARLINGTON ON CONTROL ARLINGTON ON CONTROL OF SIGNATURE // ADDRESS SIGNATURE // ADDRE	ALATHRE

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Reg. Dist. No. 07201

	LACE OF DEATH					. USUAL RESIDENCE	E (Where dec	eosed lived. If in	stitution	Residence	before o	dmission)	
L°	. COUNTY P	rince Ge	orge	MAR	YLAND	o. STATE Mar	vlan	b. co	YTML	Pri	nce	Georg	ze
6	RURAL and give ne	f outside corporate limi parest town)	its, write	ELENGTH OF STAT	(IN 16	c. CITY OR TOWN		orporote limits, w	rite RUR/	AL ond giv	e neares	f fown)	
d	OR INSTITUTION	AL (If not in hospitol, s				d. STREET ADDRES	SS			W		S RESIDENCE ON A FARM? ES NO	•
	IAME OF	Fir		Middle		Lost	4. D4		Month		Day	Yeor	
	FCEASED Type or print)	Valeir	W.	Gladys	D	ONALDSON	DE	ATH Ju			19	19 60)
5. SE		6. COLOR OR RACE	7. MARRIE	D NEVER MARR	IED 🔲 8.	DATE OF BIRTH		9, AGE (In lost birth				UNDER 24 HI	R5.
	Fema le	Cauc	WIDOWED		_	Nov. 8,		61	yrs.	lonths D	ays H	ours Min	
	USUAL OCCUPATION during most of work House ATHER'S NAME	ON (Give kind of working life, even if retired WIFE	done 10b. Kil	Dome s			ngton	ign country)			J.S.	A.	TRY?
	Willia	m F. Wils	on			Etta	Phi:	llips					
15. V	NAS DECEASED EVER	R IN U. S. ARMED FOR		CIAL SECURITY NO). 17. INF	DRMANT			Address	1			
	No		- 57	7-36-126	31 Eu	gene Don	alds	on (Son) 5	Same	as	#2	
CATION	PART 1. DEA	nmediote (, Co	many (Desh	blear		SEASE CONDITION	N GIVEN	IN PART 1	(o) 19.	ERFORMED?	Y
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESCRI	IBE HOW INJURY O	OCCURRED.	Enter noture of injur	y in Port I or	Port II of item 11	3.)		TE	S NO	
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yes	While at work [Not while of work	20e. PLAC foctor	E OF INJURY (Home, ry, street, office bldg.	form, 20f.	(City or town)		(Cou	inty)	(Stot	e)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION	David	Lena Lena		M.	ccurred at 8	ADDRES	- /	es and	on the	date	the decea stated abo DATE SIGN	ove.
	REMOVAL (Specify) Burial UNERAL DIRECTOR'S	June 23	3, 1960			1 Cemete		itland	Ma	ryle		(3.014)	
	W.W.Cha	mbers Co.	1	Riverdal	Le, M	d. DATE	JUN 2	2 2 '60	an	Chun S.	than	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, of 2 should be filed with may be fined by the hospital or attending physicion.

• FUNES, DIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 14 the registrar prior to burial, cremation, or removal, and in any event within 72 hour offer death.

TO FUNE VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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			7 1 1			

07202 Reg. Dist. No.

	7217	CERTIF	ICAT	E OF DEATH			Reg. Dist. N	0.	SU
1. PLACE OF DEATH o. COUNTY Prin	nce Georges	MARYL		USUAL RESIDENCE (WI	here deceosed lived	. If institution	rince G	fore odmiss	sion)
b. CITY OR TOWN (If outs RURAL ond give nearest Cheve	ide corporote limits, write town)	12 days		c. CITY OR TOWN (IF	outside corporate li	mits, write RU	RAL ond give n	earest town	n)
d. NAME OF HOSPITAL (IF OR INSTITUTION Prince		ne zal Hospit	al	d. STREET ADDRESS	Jeffe rs o	n Stree	et		FARM?
3. NAME OF DECEASED (Type or print)	Harry	Woodward		lost or sey	4. DATE OF DEATH	Ju	ne	7	Yeor 19 60
Male Wh	nite WIDON	RRIED NEVER MARRIE	0 2	Nov 1874	8	birthdoy) yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (G during most of working li Retired	fe, even if retired)	U.S. Gove	rmer		land		12. CITIZEN	S A	OUNTRY?
	Harry W. I	Dorsey		Helen Ja					
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes,	U. S. ARMED FORCES? give war or dates of service)	5. SOCIAL SECURITY NO.		rmant sie M Dors	3/1/2/2	Addre attsvi	ille, M	ld.	
1B. CAUSE OF DEATH [PART I. DEATH W IMM	AS CAUSED BY: EDIATE CAUSE (o)	oronary	oc				IN OI	ITERVAL BE NSET AND	TWEEN
Conditions, if ony, w gove rise to immed couse (o), stating the u	hich (b) (b)	terroscles	v ho	as ferior	F-C 11 C 1			2 12	erch
VOLUME OF PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NO			IDITION GIVE	N IN PART 1(0)	PERFC	
PART II. OTHER SI	DERLYING 20b. DE AUSE OF DEATH CAL EXAMINER)	SCRIBE HOW INJURY OC	CURRED. (E	inter noture of injury in	Port I or Port II of	item 1B.)			
20c. TIME OF INJURY M Hour o. m. p. m.	Whi			OF INJURY (Home, form , street, office bldg., etc		wn)	(Count	r)	(Stote)
21. I certify that I olive on the signature	attended the deceded 19 hours	66 , and that	deoth oc	curred at 11 25		causes ond	tote)	te stoted	
	Te Bergmann				land		or CCC alone alone CCCC CCCC alone a		
220. BURIAL, CREMATION, 2 REMOVAL (Specify) Burial	June 10, 19	22c. NAME OF CEMET	eek	Cemetery	22d. LOCATION Washin			(Stol	te)
23. FUNERAL DIRECTOR'S SIG	Sons Hyat	ADDRESS tsville, Md	١.	DATE	D BY REGISTRAR	24b. REGIST	rar's SIGNAT		
				7,0	111 10 00				

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M. Mach's Sons apatenville, 16.

Thomas Cemetery

Marlboro, WA 14'60

ADDRESS

Bros.Fun'l Home-Upper

Croom

24b. REGISTRAR'S SIGNATURE

arthur S. Thous

24a. REC'D BY REGISTRAR

FUNERA page 0

VS A15 (4) 1SM 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

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74.00	Carlotte Tale	A STATE	1452 1 28	102/9 411	4,48 %	
Status Comple	Sport)					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 7263 Reg. Dist. No. be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Prince Georges b. COUNTY MARYLAND Maryland Prince Georges funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town)
East Riverdale should East Riverdale d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 5804 Carters Lane 5804 Carters Lane NAME OF 4. DATE First Middle Last Month Year filled (Type or print) DEATH 19 60 DOWNS Mary June 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED THEVER MARRIED B. DATE OF BIRTH Months Doys DIVORCED T Sept WIDOWED [7] 1893 66 Female yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Housewife Domestic Washington. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offer J. Molloy Mary Donoghue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Miss Rita Chick No same 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) certificate MEDICAL SO 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Q. m While Not while of work at work 19 60 that I last saw the deceased 21. I certify that I attended the deceased fram.

and that death accurred at_

22c. NAME OF CEMETERY OR CREMATORY

Riverdale. Md.

ADDRESS

Mt. Olivet Cem.

_M, fram the causes and an the date stated above.

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

DATE SIGNED

ADDRESS (Street, city or lawn)

22d. LOCATION (City, town, or county)

Washington, D.C.

Hyattsville, Maryland

24a. REC'D BY REGISTRAR

DATELIN 2 8 '60

pine ന 0

death. Page 4

within 24 hours

alive an

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

Burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Aaron Dietz

22b. DATE THEREOF

June

W.W. Chambers Co.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7195 CERTIFICATE OF DEATH

Reg. Dist. No. 07205

133	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY
PRINCE GEORGES MARYLAND	D. C.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HYATTSVILLE	WASHINGTON 47 X
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
CARROLL MANOR- 4922 LaSALLE RD.	4807 - 30th. ST. N. W. YES □ NO X
3. NAME OF Christian First Aloysius Middle Eck. DECEASED (Type or print) C. Louis Eckloff	loff Last 4. DATE Month Day Year OF DEATH JUNE 26th 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
MALE WHITE WIDOWED TO DIVORCED	10-22-1875 S4 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Bank Officer Banking	Washington, D. C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian F. Eckloff	Margaret C. Caton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give wor or dates of service)] 16. SOCIAL SECURITY NO.	NFORMANT Sr. M. Bernadette Address 4922 LaSalle Re
no 577-22-3213A	Joseph Hyattsville, Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
DUE TO	- Joseph
Conditions, if ony, which (b)	
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
arteriseller	rus - generalizet. PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OUTPUT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from	
	occurred at 11:15 AM, from the causes and an the date stated above.
dive dil 12 de la	ADDRESS (Street, city or town, stote) DATE SIGNED
ACTUAL COS . D- V TH'S LAST M	1150 - Com. annu - Washiglad. C
SIGNATURE THE METERS OF THE STATE OF THE STA	WASH. D. C.
PHYSICIAN'S MICHAEL J. MCINERNEY, M.	22.00
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
REMOVAL (Specify)	
	Washington, D. C. 14 thS thwas rec'd by registrar 24b, registrar's signature
Francis Collins Washington	n, DC DATEUN 29'60 archur S. Khana

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be used by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 7 haurs after death. VS A15 (4) 1SM 9/SB

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HO	E S	age	e re	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr after death. Page	may be rectained by the haspital ar attending physician. TO FUNERAR DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral affects	ď	ţ	
VS .	A15 (4)		0
15M	9/5	В		1

MARYLAND S	STATE DE	PARTMENT	OF	HEALTH-BA	ALTIMORE,	18

		721	Q	CERTI	FICA	TE OF DEA	TH		Reg. D	ist. No	172	06
	PLACE OF DEATH O. COUNTY Prince	eorges Cour	ntx	MARY	LAND	2. USUAL RESIDENCE a. STATE Lary		d Ived. If instituti b. COUNTY	an: Reside	-		
	b. CITY OR TOWN (I	autside carporate limi	0	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	70.00	orate limits, write R		0 00	-	200
	Cheverly	arest tawn)		1 day 8 1		27 cost	Pleasan					
		AL (If nat in haspitol, g	jive street od		nes.	d. STREET ADDRES	A STATE OF THE PARTY OF THE PAR	V 83				FARM?
		Georges Ger	neral	Hospital		6608 Cer	itral Av	e.			YES	NO 🗆
3.	NAME OF DECEASED (Type or print)	John	rst	Middle		Emney	4. DATE OF DEATH	Mar 6	oth	7	'	Yeor 19 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 8	. DATE OF BIRTH		9. AGE (In years last birthday)				ER 24 HRS.
	Male	White	WIDOWED	DIVORCE		8-1-78		81 yrs.	Months	Days	Haurs	Min.
10c	guring most of wark	N (Give kind of work ing life, even if retired	done 10b. KI	ND OF BUSINESS OF	R INDUST	TRY 11. BIRTHPLACE (S	itate ar fareign o	country)				OUNTRY?
12	FATHER'S NAME		111	nginel			ork			J.S.	A	
13.				0		14. MOTHER'S MAID						
	John B.	Empey				Clara F	erris					
(Ye	s. no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	OCIAL SECURITY NO.		FORMANT		Add	ress	4 (10)		
4	NO			3-12-114		arie/Empe	y	Same	as #	F 2		
		TH [Enter anly one co	use per line	for (a), (b), and (c).]	1	(1)	0			INT	ERVAL BE	TWEEN
	Canditions, if all gave rise to in cause (o), stating lying couse last.	nmediate DUE TO)	Carce	u o	Ina	R +	Lu p.	20.	170	Lo	re _g a
ICATION			DITIONS <u>CO</u>	NTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFO YES	RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OF	CCURRED.	. (Enter nature af injur)	y in Part I or Por	rt (1 af item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Yes	ar 20d. INJ While of wark [Not while		CE OF INJURY IHame, ary, street, affice bldg.	, etc.)			(Caunty)		(Stote)
	21. I certify the	at I attended the	-		- 4			960 , 19				
	ACTUAL SIGNATURE	ax W	Her	26-exp	M	occurred at 8; 3	ADDRESS (S			e dare	DA1	E SIGNED
	PHYSICIAN'S NAME (Type)	Dr. Max Her	rzberg	, Seat Ple	asar	nt, Marylan	d	A STATE OF				
200	BURIAL, CREMATIO	6-11-1		22c. NAME OF CEME		CREMATORY	22d. LOCA	TION (City, town, nee Geo	my.	M	d (Stat	e)
2	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS W 12/-///	19	7 .S DATE	JUN 1	The second second	STRAR'S SI			

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Page 4 shauld by cremation Reg. Dist. No 7264 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND Mary land Geo. burial b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale DOA Hvattsville 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Leland Memorial Hospital YES I NO IN 5678 Jamestown Rd. NAME OF Middle DATE First Month Day Year funera DECEASED for your OF Charles Francis Evans June (Type or print) 60 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE Iln years IFUNDER TYEAR IF UNDER 24 HRS. the retained 2 with the 18 Months Male white 2-26-12 WIDOWED | DIVORCED T 3 10 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oud Asst. Superintendant Post office pe ond Washington. D.C USA May 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas C. Evans Lydia Vermillion 5 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 9804 Dameron Drive Give Yes W.W. 2 Florence Evans: Iver Springs, Md. PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hemorrhage and shock IMMEDIATE CAUSE (o) e alang with fa a burial-transit DUE TO Crushed chest Conditions, if any, which pencii gove rise to immediate cause **DUE TO** (a), stoting the underlying couse lost pending in iner's Office o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY So CATION PERFORMED? YES | NO Y 20g. EXTERNAL CAUSE WAS PRIMARYA or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Operator of an automobile struck by another vehicle. Exami should ward 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Medical While Nat while of work at work writing the 3 Beltsville Pr. Geo. Md. 19 60 ghway 2). I certify that I took charge of the remains described above, held an Autapsy [], Inspection TX, Inquiry (X), and find that death resulted fram: Natural causes . Accident Ty, Suicide Hamicide . Undetermined cause . tificate, ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) John T. Maloney. 1960 June Porwa 220. BURIAL -CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, (Swn, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE JUN 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ATTO SO SO STANSHIP STORES OF DEATH STATES TO SERVICE SANTAGE . OHO . T Indiana Indiana Santa A MARKET STATE OF THE STATE OF The second of the second of the second J J 1 2 3 5 The second state of the property of the second Janto Lecimines . Sign of the control 11-3 25 (1.1) .03- .9

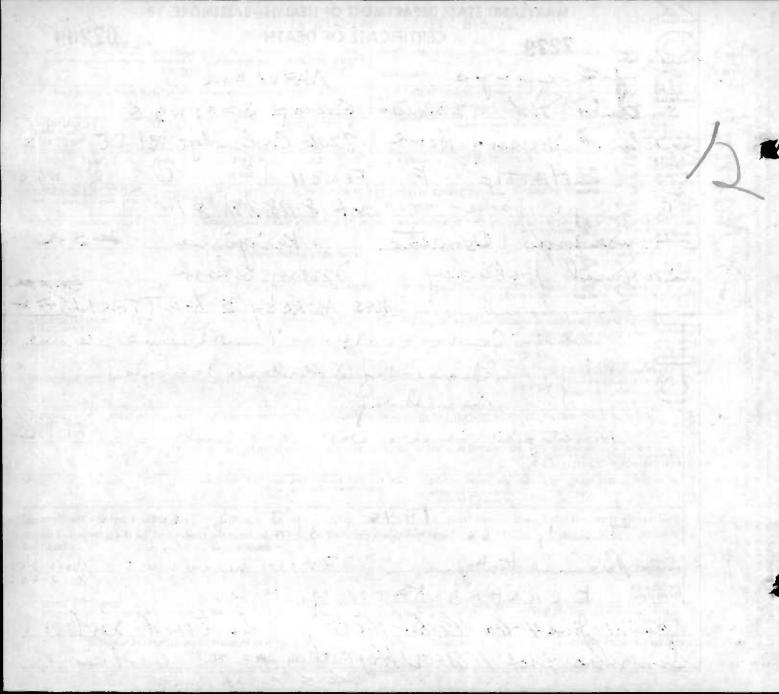
7196 CERTIFICATE OF DEATH Reg. Dis No. directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY be filed b. COUNTY 11 1-19 12 uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAY and give nearest town) should d. NAME QF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 5 YES NO NAME OF 4. DATE Month Year DECEASED OF SPENGER DEATH 6 (Type or print) 1066 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Doys 188 Min DIVORCED [7] WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME emove car 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give wor or dates of service) CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying sause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc. Hour a. n. Not while ot work of work 21. I certify that I attended the deceased from... 1960, that I last saw the deceased and that death occurred at 11:55 AM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 960 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATEJUN 2 0 '60 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 FilmG264 6-10-60 et



VS A1S (4) 1SM 9/SB

APYLAND	STATE DEPAR	TMENT OF	HEALTH_R	ALTIMORE '	18
It	STATE DEPAR	mG266 7-8	-60 et	ALIIMOKE,	. 0

7280 Items

CERTIFICATE OF DEATH

0721()
Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY Prince Georges Count MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTPro Georges
b. CITY OR TOWN (If autside corporate limits, write Carry or depict from the corporate limits, write 3 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 6 Carrolton Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6008 84th avenue	d. STREET ADDRESS 6008 84th avenue o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Lucy Wins to F	Last 4. DATE Month Day Year OF DEATH June 5, 19 60
female 6. COLOR OR PACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATR OF/BIRTH (1873) 9. AGE (In years last birthdoy) Oct 7. 1873 9. AGE (In years last birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during ment of working life en if retired) own home	ISTRY II. BIRTHPLACE (Stole or foreign country) Georgia 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Copley Winslow	14. MOTHER'S MAIDEN NAME Unknown
(Yes no or unknown) . (If we give wor or date of service)	siah A Flournoy Carrolton Md.
18. CAUSE OF DEATH [Enter only ane couse per line far (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	heat factor Twelks Thou related to the terminal disease condition given in Part 1(a) 9. Was autopsy performed? Yes I no M
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, lctary, street, affice bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased fram 1953 alive an 644 , 1960 , and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) HOLLINGS KUNTZ	n accurred at 133 M, from the causes and an the date stated abave. M.D. RFD Bound Md. Bowie, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 6/6/60 Fort Valley	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Georgia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 8 '60 Cuthun S. Kraus

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed	cute the difficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	1	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registration to burial, cremation,	-
E	-	5	2	or removal.
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VS. A15ME(5) 5M 9/55

		MAR 722	YLAN	D STATE DEPAR	TME ER'S	NT OF H	FICAT	H-BAL	TIMORE, DEATH		72.	A400.4	
	CE OF DEATH DUNTY	rince Geor	res	MARY	LAND	2. USUAL RES	Maryl		ed lived. If institu	v -	ence be		issian)
b. CII		If outside corporate limits				c. CITY OR			porate limits, write				wn)
d. NA				in hospital, give street address al Hospital	s)	d. STREET	ADDRESS Maple	Aver	nue			ON	A FARM?
	NE OF ASED or print)	Alle	First en	Mitchell	F	oster		4. DATE OF DEATH	Month June	h	Doy 29		ear 9 60
5. SEX	ale	6. COLOR OR RA		MARRIED NEVER MARRIED OWED DIVORCED		DATE OF BIRTH	8-22		9. AGE (In years lost birthday) 38 yrs.	IF UNDER	Days	IF UND Haun	ER 24 HRS. Min.
10a. USI during	ual occupation most of working Foreman	ng life, even it refir	ork dane ed)	106. KIND OF BUSINESS OR I		-	ACE (State		ountry):	12. CIT	USA		COUNTRY
13. FATI	HER'S NAME	James G. 1	cste	r		14. MOTHER'S	MAIDEN N		e Campbe	211		4.5	
15. WA	S DECEASED ET or unknown)	VER IN U. S. ARMED (If yes, give wor or do) W • W •		16. SOCIAL SECURITY NO. 577164392		formant gnes M.	Fost	er; sa	Address ame addre	ess &	s #	2.	
(a) car	nditions, if over itse to imme, stating the use last.	underlying DUE	(a) TO (b) TO (c)		t wo	and shound of	chest		CONDITION GIV	EN IN PAI	ST 1(a) 1	9. WAS	AUTOPSY
CAL		USE WAS		SCRIBE HOW INJURY OCCUR	RED. (En	ter nature of in						PERFO YES T	RMED?
WEDIC NEDIC		June 25	19 60	20d. INJURY OCCURRED 20 White Nat white at wark at work	PLAC factor	E OF INJURY (I ry, street, affice treet	bldg., etc.)	Bow.	ie Pri	ince	unty) Geor	ges	(State) Md.
AC SIG		John T.	ol cous	Valoney		M.D. CHIEF N	omicide MEDICAL EX	H, Un		couse [,	DATE S	
Buri	RIAL, CREMATIC AOVAL (Specify A.L.	July 1		0					ion (City, tawn, clington	or county)	V	(State)
	Gasch's	S Sons F	iyatt	sville, Maryla	and		24a. REC'D	BY REGISTE	0.0	STRAR'S SI			

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VS A15 (4) 15M 9/SB

ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

7221

8 07212 Reg. Dist. No.

0	PLACE OF DEATH COUNTY Prince Ge	orge		MARYLA		o STATE Maryland	Where decease Pr	d lived. If institution in the COUNTY	on: Residence before	ore admission)
b	RURAL ond give no	f outside corporate limi garest town)	ts, write	LENGTH OF STAY IN	- 12	Seat Ple		prote limits, write R	URAL ond give ne	earest town)
-	Chever	AL (If nat in hospital, g	ive street ad	15 Days	5	d. STREET ADDRESS	asant			e. IS RESTDENCE
	OR INSTITUTION						- 7			ON A FARM?
	Princ	e George Ge	eneral	Hospital		511 70th	Lia ce			YES NO
3. 1	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	th D	ay Year
(Type or print)	Willis		A		Getchell	DEATH	June		19 60
S. S	EX Male		7. MARRIEI	NEVER MARRIED	☐ B. D	ATE OF BIRTH		9. AGE (In years lost birthday)		R IF UNDER 24 HRS
		White	WIDOWED	DIVORCED [J	uly 10, 19	30	29 yrs.	Months Days	Hours Min.
10a.	USUAL OCCUPATION	ON (Give kind of work	done 10b. KI	ND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Sto	te or foreign c	auntry)	12. CITIZEN C	F WHAT COUNTRY
	Cartogre	king life, even if retired apher-USN-	IIS Co.	ort to		Maine			USA	
	FATHER'S NAME	pilet obit	- op do	v 0.	1	4. MOTHER'S MAIDEN	I NAME		ODA	
		- A M-4		1		T 7/6	C			
10		is A. Get			INFO	Lana-Ma	y Spr.	Inger Add	ratt	Maine
Yes.		(If yes, give war or dates of s	ervice)				1 - 4 - 1 - 1			
	No	None	1/1	8-01-037) WI	llis A. G	etche.	11,#5 Pa		Newport
		ATH [Enter only one co	use per line	for (a), (b), and (c).]	1	1		. 1	ON	SET AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (d		5202	1 ch	well w	un	ion	e c	
	Canditions, if a	ny Which)				,				
	gove rise to i	mmediate (
	cause (a), stating lying cause lost.	ine <u>under-</u>							1 = = 0	
CATION		HER SIGNIFICANT CON	1	NTRIBUTING TO DEATH	1 BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	'EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
N.										YES NO
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OCC	URRED. (E	inter nature of injury i	n Part I or Por	t II of item 18.)		
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Ye	While	URY OCCURRED 20 Not while at work		OF INJURY IHome, fa , street, affice bldg., e		y or tawn)	(County) (State)
	21. I certify the	e 10	deceased		eath ac	., 159	June . A.M., fram		that I last sa d an the dat	w the deceased
13		MA	11.				ADDRESS (S	treet, city or town,	stote)	DATE SIGNED
	ACTUAL SIGNATURE	Mer 9	Mu	us	M.D	6124 Cen	teral /	Ave.		6-10-60
		Dr Peter Di	ius, M	•D•		Capitol	Height	ts, Md.		
22a	REMOVAL (Specify)	6/10/10	OF CO	22c. NAME OF CEMETE Riversid				TION (City, town, ewport,	''	(State)
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			C'D BY REGIS		STRAR'S SIGNATU	JRE
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		20.00			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07213

		7222		CERT	IFICA	TE OF I	DEAT	Н				Reg. D	ist. No.		
1. PLAC a. CC	DUNTY Prin	ce George	3	MAR	YLAND	2. USUAL RESI a. STATE	Mar Mar				If instituti COUNTY	-	ince befo		
RU	RAL and give ned	heverly		L da.	(IN 1b	55 73					nits, write R	0.5			ville
d. NA	INSTITUTION	L (If not in hospital, rince Geor	100			d. STREET /		18	th	Ave	Apt.	16		ON	SIDENCE A FARM?
3. NAM DECE (Type	ar print)	aby Boy B		Middle	G	ilmore	st	4.	DATE OF DEATH		Ju	me	Do	,	Year 19 60
	Male	W.	WIDOW		ED 🔲	6-172	60			last	E (In years birthday) yrs.	IF UNDE Manths		IF UND Haurs	ER 24 HRS. Min.
duri	ing mast at warkii	N (Give kind af wark ng life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUSTI		Mar	yla	nd	cauntry)		12.CI		SAA	COUNTRY?
	ier's name Ned					14. MOTHER'S	ance			liar	Rawl	ings			
1S. WAS (Yes, no. c	DECEASED EVER	IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO). INF	Mother				Same	Add	ress			
ga	inditians, if an ive rise ta im use (a), stating the ng cause last. PART II. OTHE	mediate DUE TO)	CONTRIBUTING TO DE	EATH BUT N	Selection of related to	THE TER	MINAL	. DISEAS	J SE CON	DITION GIV	/EN IN PA	RT 1(a) 1	PERFO	AUTOPSY DRMED?
	ACCIDENT WAS CONTRIBUTING [ITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH (EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED.	(Enter nature o	ıf injury i	n Part	I ar Pa	rt II af	item 1B.)				
WEDICAL 20c.	TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED Nat while at wark	20e. PLAC facto	E OF INJURY (iry, street, affic	Hame, fa e bldg., e	etc.)	Pof. (Cir	y or tav	vn)		(Caunty)		(State)
ACT SIGN	Ve an G	luce Pu John W.	ls 6	o, and that		D530	4 .	Mil:	ton	the contract, c	auses and ity ar tawn,	d an th		state	deceased d abave. TE SIGNED
22a. BUR REN Cre	CREMATION SOVAL (Specify) Wation	June 24	1960	22c. NAME OF CEM	eorge	crematoryH	ospi eral	ta ² 1	Ch.	TION (city, tawn,	or county) Mary	land	(Sta	te)
22 FULL	HAL DIRECTOR'S	Rem	1/	Administr		ı, Jr.	24a. RE DATE				24b. REGI	STRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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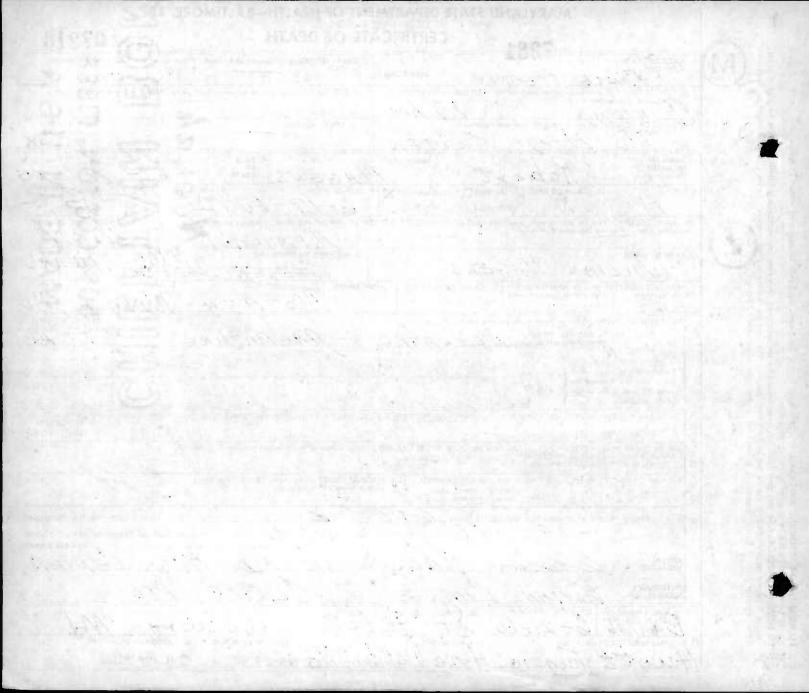
CERTIFICATE OF DEATH

Reg. Dist. NU7215

1. PLACE OF DEATH o. COUNTY Prince Geo	rge	MARYLA	o. STATE		ere deceased	b COUNTY	on: Residence Georg		idmissian)
	Foutside corporate limits,	write c. LENGTH OF STAY IN	11b C. CITY			ate limits, write RI	URAL ond giv	e nearest	town)
OR INSTITUTION	AL (If nat in haspital, give			et address 3-61st .A	lve.			(S RESIDENCE ON A FARM? ES NO
3. NAME OF	First	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	Eda	V	Gree		OF DEATH	Jur		2	1960
5. SEX		MARRIED NEVER MARRIED				9. AGE (In years			UNDER 24 HRS
Female		IDOWED DIVORCED		5		lost birthdoy) 73 yrs.	Months D	ays H	aurs Min.
10a. USUAL OCCUPATIO	ON (Give kind af work danking life, even if retired)	e 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIR	THPLACE (State	ar foreign car	untry)	12. CITIZE	NOFWI	HAT COUNTRY
	usewife			Mis	souri			USA	
3. FATHER'S NAME			14. MOTH	ER'S MAIDEN N	NAME				
) Wil:	liam Wetsel			Gaes	che Bel	hrends			
	R IN U. S. ARMED FORCE: (If yes, give war or dates of service		INFORMANT	A (7	707	Addr		77 - 1-	L - 1/12
			Raymond	A. Gree	r 202	oist Ave	Capt.	ngn	ts Ma
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny, which mmediate	Junals	arte	rios arti		clim			AL BETWEEN AND DEATH
CATIO	Convent	TIONS CONTRIBUTING TO DEATH	mi de	sero	lor		EN IN PART	F	WAS AUTOPSY PERFORMED? ES NO
	S UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCC	URRED, (Enter nati	ure of injury in I	Part I ar Port	II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year 19	20d. INJURY OCCURRED While Not while at wark ot wark	De. PLACE OF INJU factory, street,	IRY (Home, farm office bldg., etc		ar town)	(Co	unty)	(Stote
olive on	at I attended the d June 2	eceased from Sylving, 1960, and that d	leoth occurred	.2:30A			d on the		he deceosed tated obove DATE SIGNE
PHYSICIAN'S NAME (Type)	Branin-Dr.D	us		24-Cent		pitol A			e 2 %
220. BURIAL, CREMATIC REMOVAL (Specify) Burial		22c. NAME OF CEMET		RY	22d. LOCAT	ION (City, town, Washing		o	(Stote)
23. FUNERAL DIRECTOR	s signature	146/8800 P. D. SE W.	HOPE IRSh. D	24a. REC	N 6 6		STRAR'S SIGI	JATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



7999 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PL o.	ACE OF DEATH COUNTY	rince Geor	ope e	MARYLANI		USUAL RESIDENCE o. STATE D.	(Where deced		If institution	on: Reside	nce bef	are admiss	sion)
-	CITY OR TOWN (I	If outside corporate limeorest town)		2 yrs. 4 mos		c. CITY OR TOWN			ts, write R	URAL ond	give ne	arest tawr	n),
d.	enn Dale NAME OF HOSPIT OR INSTITUTION	(TUTAL) [AL (If not in haspital, g	give street	address)		d. STREET ADDRESS					7 /	e. IS RES	IDENCE FARM?
	Glenn Da	le Hospita	1			51	5 Mass	Ave	. N.	W		YES	NO €
DI	AME OF ECEASED ype or print)	Fi	mes	Middle		Lost Hall	4. DATE OF DEAT		Man	th	D	0	Year
5. SE				T NEWS WARE	7 0 0	ATE OF BIRTH	1		/In vene	IE LINDE	PIYEA	R IF UNDE	19 60
	ale	White	WIDOW	RIED NEVER MARRIED 5	d 8. D	12/3/88		1 1 1 1 1 1 1 1 1 1	(In years birthday) yrs.	Months		Haurs	Min.
10o.	USUAL OCCUPATION	ON (Give kind of work	dane 10b	. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (S	tote or foreign	country)		12. CI	TIZENO	FWHATC	OUNTRY?
	Marble	king life, even if retired) T	Jnknown		Michiga	an			11	SA		
13 E	ATHER'S NAME	worker		2111110 M11	11	. MOTHER'S MAIDE				1 0	OH.	-	-
10. 17													
15 11	George		seco la .			Teresa	McCoy						
15. V (Yes,		R IN U. S. ARMED FOR (If yes, give war or dates of s			, INFOR	_			Add	ress			
U	nknown	-		Jnknown(lost)		Decedent	Macri A	10.0					
1	B. CAUSE OF DEA	ATH [Enter anly one co	use per l	ine for (a), (b), and (c).]						-	IN.	TERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:		Pulmonary tub	יסממי	alogie f	an adam	boons			ON	SET AND	rs
-	0021	DUE TO		I WILLIOTTELY UCL	VET C	TOSTO I	ar auve	inced				-1.3	1003
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	Conditions, if o)(
	couse (a), stoting												
	lying cause lost.) (0	=}(=										
CATION	Carcinom arterios	a of the pr	ros ta	contributing to DEATH I	tase	RELATED TO THE TE	spine	se cond	erali	zed zed	RT 1(a)	PERFC	AUTOPSY ORMED?
œ (OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCUP	RRED. (E	nter nature of injury	in Part I or I	Port II of it	em 18.)				
MEDICAL	Oc. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	ar 20d. While	Nat while		OF INJURY (Hame, , street, office bldg.,		City or town	n)		(County)	(State)
			101	ded the deceosed from		7.0	1958to		5/8				
I	sow the deceo	sed olive on	0/0/_	19_60, and the	t deot	h occurred of	A.M. fro	m the co	ouses on	nd on th	ne dot		
	22a. SIGNATURE	up w	les	1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAF	F S. \square				SIGNED
	22c. PHYSICIAN'S NAME (Type)	Moe Weiss,	M. T			22d. ADDRESS	Glenn	Dale	Hosp	ital			
						1	Glenn				and administration of the sales.		
230.	REMOVAL Specify	ON, 23b. DATE THEREO	60	235 NAME OF CEMETER	OR CR	EMATORY	23d. LO	Sles	D	ar county)	De C	te)
10 A	UNERAL DIRECTOR	1 - 4	M M	acting med.	Dere	ctor 250. 1	LUN 1 3	'60	25b. REGI	STRAR'S S	. 1 .		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 end 2 should be filled with the State Board of Health prior to burial, cremotion, or removal, and in any event, within 2 hours after death.

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a ion a	728 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2	818
cremotian	1. PLACE OF DEATH a. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before a. STATE D.C. b. COUNTY	admission)
buriol,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near ond give near transient washington	est town)
رة الم	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	ON A FARM?
far yaur E	3. NAME OF First Middle Lost 4. DATE Month Day OF DECEASED (Type or print) Robert Thomas Harley DEATH June 26	Year 19 60
ith the r	Male Col. WIDOWED DIVORCED Aug. 1, 1920 39 yrs. Months Days H	UNDER 24 HRS
7 Puc	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) Music Washington, D.C. 12. CITIZEN OF V USA	VHAT COUNTR
0	13. FATHER'S NAME Thomas Harley Alma Kelley	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes., no. or unknown) (If yes, give wor or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT John K. Harley; 1301 Taylor St. Wash.	, D.C.
E	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Air embolism	L BETWEEN UND DEATH
tronsit	Conditions, if any, which) (b) I.V. Medication	
	gave rise to immediate cause (a), stoting the underlying couse lost. Columbia Colum	
2	The state of the s	WAS AUTOPSY PERFORMED?
7	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)	
o s	20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 20d. INJURY OCCURRED While at work at work 20d. INJURY OCCURRED to PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)	(State)
DIRECTOR: Pag	21. I certify that I taok charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, death resulted from: Natural causes \(\begin{align*} \), Accident \(\begin{align*} \), Suicide \(\begin{align*} \), Homicide \(\begin{align*} \), Undetermined cause \(\begin{align*} \).	and find the
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER	ATE SIGNED
r removal.	EXAMINER'S John T. Maloney, M.D. ASSISTANT MEDICAL EXAMINER June 26,	1960
10 F	220. BURIAL CREMATION, REMOVA (Specify) Burial 6/29/60 22c. NAME OF CEMETERY OR CREMATORY Burial 22d. LOCATION (City, town, or county) Washington D.C. ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	(State)
ME(5) /55	23. UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Outling a finally ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Outling a finally Outling a finally ADDRESS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

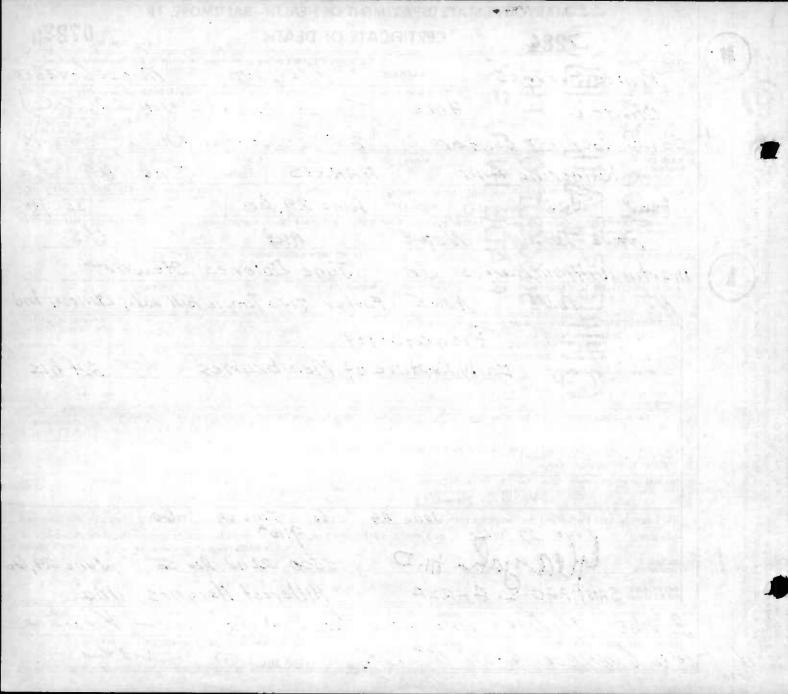
Reg. Dist. ND 7219

1. PLACE OF DEATH a. COUNTY Prince George MARYLAND	1100 000160				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince George General Hospital	d. STREET ADDRESS 6430 Marlboro Pike S.E. o. IS RESIDENCE ON A FARM? YES \(\sigma \text{NO} \)				
3. NAME OF DECEASED (Type or print) Maude	Harman 4. DATE Month Day Year OF DEATH June 25 19 60				
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH Jan. 25, 1889 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Houswife Domestic	STRY 11. BIRTHPLACE (State or foreign country) Wilkinsburg Penn U.S.A.				
13. FATHER'S NAME John J. Ansler	14. MOTHER'S MAIDEN NAME Katherine Vogler				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	Walter J. Harman 6430 Malboro Pike Prince George County, Me				
gove rise to immediate cause (o), stoting the <u>under-lying couse last.</u> PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	e CARLIO VASCULAR DISEASE 2 yns				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	D. (Enter nature of injury in Port ar Part of item 18.) ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (Stote) ctory, street, office bldg., etc.)				
21. I certify that I attended the deceased fram. June alive an June 25, 1960, and that death					
22a. 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or caunty) (State) 11 Cemetery Suitland Md				
23. FUNERAL DIRECTOR'S SIGNATURE 16 CAPORESS Hood	Hepe 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE 2. D. C. DATE JUN 2 7 '60 Cirling S. Krous				

baryland [charles to number | Colesion ferror lours cannel lourist A FAIR EALT OFFICE STATE 100 Fin. 25, 1887 12 Control of Surginian States A TRACE STRUCTURE KAN S CHARLES A V. CINCLE White J. Bersen trains less a founty, ser. BENEFIT BENEFIT ALL SERVE FRANKS STATES TO STATE OF THE SERVE STATES OF THE SERVE SE . IN TOLINATE OF THE PARTY OF T taring the same of the same of the same

		7284 CERTIFI	CATE OF DEATH Reg. D	ist. No. (22()
ed with		LACE OF DEATH . COUNTY Prince Georges MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE ALL AND b. COUNTY R. I.A.	ence before admission)
		CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	TEMPLE HILLS (WASH.)	22, D.C)
48 Q 84		I. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION DO MO HOSPITAL CENTER	1150 TEMPLE HILL RO	e. IS RESIDENCE ON A FARM? YES NO
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pletely irs. Pag	5. 3	Fenu Cav WIDOWED DIVORCED	Sune 29, 60 last birthday) Manths	4 18
nd cam an pape death.	10a	USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	md	TIZEN OF WHAT COUNTRY?
ician a	13.	Martin William Harris Jr	June Dolores Stewa	714
ng physici e remaye 77 72 Sours	15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? no. or upshyown) (If yes, give yets or dolos of service) ADNE	Fother 7150 Temple Hill Rd.	dinton mo
attendi n pleas t within		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rity	INTERVAL BETWEEN ONSET AND DEATH
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ilan. nsit pe and in	7	cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	NAT NAT STATE TO THE TOTAL AND THE TOTAL STATE OF T	DT 1/ 10 MAS AUTORS
r physic has be rial-tra maval,	ICATIO		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
ficate the but the but ar rel	L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature af injury in Part I ar Part II af item 18.)	
al ar at this cert r use as ematian	MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20d. INJURY OC	e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) factory, street, affice bldg., etc.)	(Caunty) (State)
haspit After 1 hed far rial, cr		21. I certify that I attended the deceased from June alive an June 19. 1966, and that de	29 , 1960 , to June 29 , 1964 hat I leath occurred at 9:10 M, from the causes and an the	last saw the deceased
RECTOR: Be detacriar ta bu	ķ	ACTUAL Glayah M.D.	ADDRESS (Street, city ar tawn, state) M.D. 5500 21nd Ave SE	June 29, 6
Shauld strar pi		PHYSICIAN'S SANTIAGO L. GARZA	Hillerest Heights	md.
The region of th	1	PURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER SEMOVAL (Specify)	on NATA COM APLINGTON,	PRECNIA
A15 (4) A 9/58	23.	FUNERAL DIRECTOR'S SIGNATURE LAMBERS & -517-11 = 54	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S CONTINUE 1 '60 Orthur 2	SIGNATURE P. Kraud
Nors	-	20011222110 WASOT.	7:	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



722 EDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion PLACE OF DEATH a. COUNTY a. STATE b. COUNTY D.C. Prince Georges MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Cheverly Washington 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2817 Prince Georges General Hospital Gainsville NAME OF Middle Lost 4. DATE DECEASED OF DEATH Worth (Type or print) Leonard Harris June for 6. COLOR OR RACE 7- MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years 2 with the Male White WIDOWED | Nov, 11, 1886 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) puo Laundryman Laundry Virginia may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Harris Surname unknown Poges 5 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File Give No 57**9-07-1**768 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Toxemia and exhaustion with form IMMEDIATE CAUSE (o) buriol-tronsit **DUE TO** Septicemia Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Fracture of right tibia and fibula cause last. 0 Office 00 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) A pedestrian: struck by an automobile while crossing highway. Ехош 3 should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, affice bldg., etc.) Chief Medicol While at work at work 1960 Highway Bladensburg. to the Chief Medi-21. I certify that I taak charge of the remains described above, held an Autapsy XX, Inspection XX, Inquiry XXI, and find that death resulted from: Natural causes , Accident XXI, Suicide , Homicide , Undetermined cause . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John T. Malonev. M.D. DEPUTY MEDICAL EXAMINER June 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 6/23/60 Cedar Hill Cemetery Suitland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) JUN 2 4 '60 arthur S. Kraus F. Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07221 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? Street YES NO T Year 21 1960 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Harriet E. Harris; same address as # INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO T

(County)

Pr. Geo.

(Stote)

DATE SIGNED

1960

(State)

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MARYLAND STATE DIPARTMENT OF HEALTH-BARTMORS, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/5B

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haur

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07223 Reg. Dist. No.

	7286	CERTIFICA	ATE OF DEATH		Reg. D	hist. No.
1. PLACE OF DEATH o. COUNTY PRINCE GE	ORGES	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE DISTRICT	re deceased lived	. If institution: Reside b. COUNTY BIA	ince before admission)
RURAL ond give neor	outside corporate limits, wri est town) IR FORCE BASI	110 2010	c. CITY OR TOWN (IF OU WASHINGTON	tside corporate li		give nearest town) 47X-3
OR INSTITUTION	(If not in hospital, give str ITAL ANDREWS		d. STREET ADDRESS	D ST. SI	N	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JAMES	Middle L	Last HICKS	4. DATE OF DEATH	Month JUNE	Day Yeor 3 1960
5. SEX AMALE	liman a	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	22 los	GE (In years t birthdoy) Months yrs.	R 1 YEAR IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work done) g life, even if retired)	06. KIND OF BUSINESS OR INDU US AIR FORCE	STRY 11. BIRTHPLACE (Stote o	r foreign country)		TIZEN OF WHAT COUNTR
13. FATHER'S NAME	Hicks		14. MOTHER'S MAIDEN NA		CONARI	
15. WAS DECEASED EVER I (Yes, no, or unknown) YES	N U. S. ARMED FORCES? yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 455-50-575	NFORMANT	7	Address	
PART I. DEATH	WAS CAUSED BY:	er line for (o), (b), ond (c).]	4 toc, c	- Anna		INTERVAL BETWEEN
Conditions, if ony gove rise to imm couse (o), stoting the lying couse lost.	nediote but TO	ARCINOMA	of sto	MAC TO	1 4 4	3 mos
7	7 (c) R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CON	IDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPS PERFORMED? YES NO
	UNDERLYING 20b. I CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of	item 1B.)	
Y 20c. TIME OF INJURY Hour o. m. p. m.	WI		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or to	wn)	(County) (Stol
ACTUAL SIGNATURE	I attended the deco	260, and that death	accurred at Z55A	A, from the o	causes and an thity or town, stote)	ast saw the decease the date stated above DATE SIGN 3 JUNE 6 HINGTON 25 D
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY C	PR CREMATORY	FT. WO	City, town, or county	TEXAS
23. FUNERAL DIRECTOR'S S	SIGNATURE	ADDRESS 09 6TH ST, N.W. I		BY REGISTRAR 7 '60	24b. REGISTRAR'S S	

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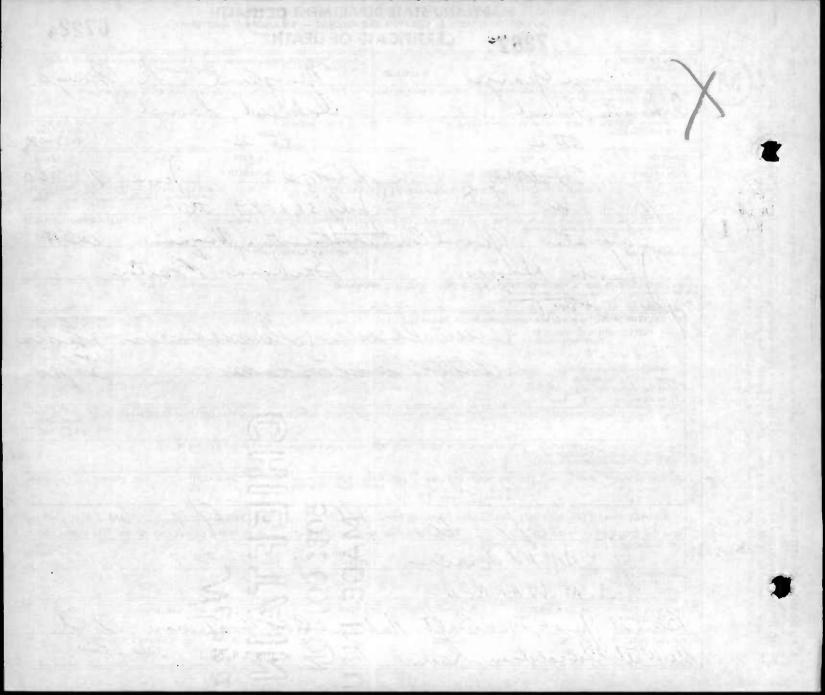
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07224

1		LACE OF DEATH	ine l	Quant	MARY		USUAL RESIDENCE	E (Where deceased	lived. If institution b. COUNTY	an: Residence	before admiss	sion)
1	1	RURAV and give ne		00	E. LENGTH OF STAY	IN 1b	c. CITY OF TOWN	Woutside corpor	ate limits, write R	URAL and Big	e nearest to	1)
		OR INSTITUTION	AL (If not in hos)	pital, give street ad	(dress)		d. STREET ADDRE	et 2				FARM?
		NAME OF DECEASED Type ar print)	21	First	Middle	2x	lians	4. DATE OF DEATH	Q'an	ith	Day 7	Year 1960
	5. S	M	6. COLOR OR	WIDOWED		00 /2	ate of liring	1889	9. AGE (la fears last bianday) 7 0 yrs.		YEAR IF UND dys Hours	Min.
)		USUAL OCCUPATIO	N (Give kind af ing life, even if Lenter	wark dane 10b. KI	no of Business o	strus	Atam	itan 1	untry)	12. CITIZE	US.	OUNTRY?
		FATHER'S NAME	nh	Align	6		Sar Sar	hain land	Pai	nter		
	15. (Yes	yla	If yes, give war ar d	ales of service)). 17, INFOR	MANT		Add	ress		
			IH WAS CAUSEI IMMEDIATE CA Dry, which	D BY: 0	far (a), (b), and (c).	Brown	eler	Hiron	refer	in	Sy	
	ICATION				NTRIBUTING TO DE	ATH BUT NO	RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	/EN IN PART 1	PERFC	AUTOPSY ORMED?
	L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF D MEDICAL EXAM	EATH (NER)	IBE HOW INJURY O	CCURRED. (E	nter nature af inju	ry in Part I ar Part	II of item 1B.)			
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Da	While	URY OCCURRED Nat while at wark	20e. PLACE factory	OF INJURY (Home street, office bldg	, farm, 20f. (City j., etc.)	ar tawn)	(Cau	unty)	(State)
		21. I certify that saw the decease 22a. SIGNATURE	1.1.1.	17		that deat	ATTENDING _	., 19 61 , .taM, fram	the causes ar			
		22c. PHYSICIAN'S NAME (Type)	J. M.	WARK	KEN	M.D.	PHYS. 22d. ADDRESS	DIRECTOR [PHYS.			
	23a	BURIAL, CREMATION	V. 200 DATE T	HEREOF 1960	23c. NAME OF CEM	Male	EMATORY Ce	m Ba	ON (City, town,	or county)	mil (Sto	(9)
	24.	le Will	STATURE	letean	ADDRESS	17	Ted DAT	REC'D BY REGIST		STRAR'S SIGN		

VR A15 (4) 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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07226

1. PLACE OF DEATH o. COUNTY								
4.4	inces George	s	MARYLAND	2. USUAL RESIDENCE a. STATE Mary	(Where deceased	b. COUNTY	on: Residence before Montgome:	
RURAL ond give	(If outside corporate limi nearest tawn) everly	its, write c. I	LENGTH OF STAY IN 18		(If autside corpor ver Spri		URAL ond give no	grest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, gince Georges	give street addr Genera	ess) Al Hospital	A CTREET ADDRE				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Shige	rst	Middle	tost Horiuchi	4. DATE OF DEATH	Mon June		
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH 2-9-188		9. AGE (In years lost birthdoy) 77. yrs.	Months Days	Hours Min.
during mast af with Farmer - 13. FATHER'S NAME	arking life, even if retired)	of Business or ini	Japan		untry)		epan
IS. FATHER'S NAME	Unknown			14. MOTHER 5 MAIL		nown		
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of s			Harold Hori	uchi, 11	Adde		
	any, which) (b)						
gove rise to cause (o), stotin lying couse los	immediate g the <u>under-</u> t. DUE TO	:)	tributing to death b	UT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFORMED?
gove rise to cause (o), stolin lying couse los PART II. CO PART III. C	immediate g the <u>under-</u> t. DUE TO	D) E) IDITIONS <u>CON</u>		UT NOT RELATED TO THE			EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
gove rise to cause (o), stolin lying couse los PART II. CO PART III. C	immediate g the under interpretation THER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH	20b. DESCRIBI	E HOW INJURY OCCUR		ry in Part I or Port	II af item 1B.)	(County)	PERFORMED? YES NO
gove rise to couse (o), stolin lying couse los Part II. Of Part III. Of OR CONTRIBUTION (IF EITHER, NOTIL Hour o.m. p. m. 21. 1 certify the saw the dece	immediate g the under interpretation THER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH OF MEDICAL EXAMINER) URY Month, Doy, Ye 19	20b. DESCRIBI 20b. DESCRIBI 20d. INJUR White of wark	E HOW INJURY OCCUR IT OCCURRED Not while of work the deceased from	RED. (Enter noture of injure of Injure PLACE OF INJURY (Home,	form, 20f. (City , etc.)	II af item 18.) or town) June 10	(County)	PERFORMED? YES NO (Stote
gove rise to couse (o), stolin lying couse los Part II. Of Part II. Of OR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF INJUMENTAL PROPERTY OF THE PART II. OF	immediate g the under DUE TO the SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Ye that (I) (this haspital ased alive an	20b. DESCRIBI 20b. DESCRIBI 20d. INJUR White of wark	E HOW INJURY OCCUR IT OCCURRED Not while of work the deceased from	PLACE OF INJURY (Home, factory, street, office bldg	form, 20f. (City , etc.)	II af item 18.) or town) June 10	(County), 1960, the	PERFORMED? YES NO (Stote
gove rise to cause (a), storin lying couse los PART II. Of PART II. OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIL) Hour o. m. p. m. 21. I certify the saw the dece 22a. SIGNATURE	immediate g the under in the significant con WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Ye that (I) (this haspital ased alive an	20b. DESCRIBI 20b. DESCRIBI 20d. INJUR While of wark 1) attended 6/10	e HOW INJURY OCCUR TY OCCURRED Not white at wark the deceased from 19_60, and that	PLACE OF INJURY (Home, factory, street, office bldg The death accurred appears of the property of the propert	form, 20f. (City., etc.) 20f., to	or town) June 10 the causes an	(County), 1960, the date 6,	PERFORMED? YES NO (Stote hat (I) (we) lase e stated abave 22b. DATE . SIGNEI

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be read by the hospital or attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be tilled with the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 burys after death. VR A15 (4) 15M 9/59

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7289 **CERTIFICATE OF DEATH**

1.	PLACE OF DEATH	rince Georg	res	MARYLA		USUAL RESIDE	D. C	nere deceased	b. COUNTY		ce befa	re admiss	ion)
	b. CITY OR TOWN (If RURAL and give ne Clenn Dale	e (rural)		L& L day	nos.,	1	Wash	ingtor	rate limits, write R	URAL and	4	7X	-3
1	OR INSTITUTION	AL (If not in hospital, of Blenn Dale				d. STREET ADD		6th St	S. W.				FARM?
3.	NAME OF	Fi	st	Middle		Lost		4. DATE	Mor	nth	Da	у	Year
	(Type or print)	Joh	n	H.		Hurley		OF DEATH	6		21	1	19 60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ 8. D	ATE OF BIRTH			9. AGE (In years last birthday)			IF UND	ER 24 HR
1	Male	White	WIDOW	PO DIVORCED		5/1/0	5		55 yrs.	Months	Doys	Hours	Min.
			dane 10b	Conservatory	INDUSTRY	11. BIRTHPLAC	E (State	or foreign o	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
	Painter	ing ille, even it relited	3720	Nichols Ave	. S.1	R.	Ta				IISA.		
13.	FATHER'S NAME					4. MOTHER'S M	AIDEN I	NAME			von.		
	Tom Hurley	r				Eliza	Pomr	ise					
	WAS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFOR			400	Add	lress			
		1929-1931	or vice;	579-07-71196	Dec	cedent							
	-	TH [Enter anly one co	use per l	ine far (a), (b), and (c).							INT	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	. 32	измаки Ма	ssive	e pulmor	ואי בו	hemor	rhago			SO mi	
	000	DUE TO	-	MANUAL Y		- Internet	Terra-	_11011101	111086		1		,
	Conditions, if or	y, which)	, Pu	lmonary tube	reule	osis, fa	ar a	dvance	d. activ	P	14	year	
	gove rise to in cause (o), stoting !								,				P4-462
	lying couse last.) (c	:)(:										
CATION	PART 11. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO T	HETERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED?
CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (E	inter nature of i	njury in	Port I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Month, Doy, Ye	While		De. PLACE factory	OF INJURY (Ho , street, affice b	ome, farn oldg., etc	n, 20f. (City	or town)	(1	Caunty)		(State
	21. I certify tha	t (I) (this haspita	l) atten	ded the deceased fr	am1	1/19	12	57. ta_	6/20	19_0	60 th	at (1) (we) las
				19.60. , and th				-	/				
	22a. SIGNATURE	11,00 /	1 1										b. DATE SIGNE
		my 1	vu	u	M.D.	ATTENDING PHYS.		ED.	STAFF PHYS.			6/20	1/60
	22c. PHYSICIAN'S NAME (Type)	Moe Weiss,	M. :	D.		22d. ADDRESS	G.	lenn D	ale Hosp:	ital			
23	a. BURIAL CREMATIO	N, 23b. DATE THERE	OF	23c. NAME OF CEMETI	ERY OR CI	REMATORY			TION (City, tawn,	or county)		(Stot	te)
	(Specify)	6/21/6	0	National	Mem,	Cem.			ls Churc		irg:	inia	
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	- 4	2	25a. REC	D BY REGIST	TRAR 2Sb. REG	ISTRAR'S SI			
L	he tus	recel Hon	w.	300-445	- M.	5.	DATE	JN 22'	60 C	rithur S	. Tha	ul	

TO FUNERAT TO HOSPITA VR A1S (4) 15M 9/59

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07228

e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T NO

> > (State)

DATE SIGNED

(State)

Days

(County)

ON A FARM?

YES NO SK

Year

MARYLAND STATE DEPARTMENT OF HEALTH-LALTHMORE, 18	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ON A FARM?

YES NO

Year

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PERFORMED? YES NO X

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DATE SIGNED

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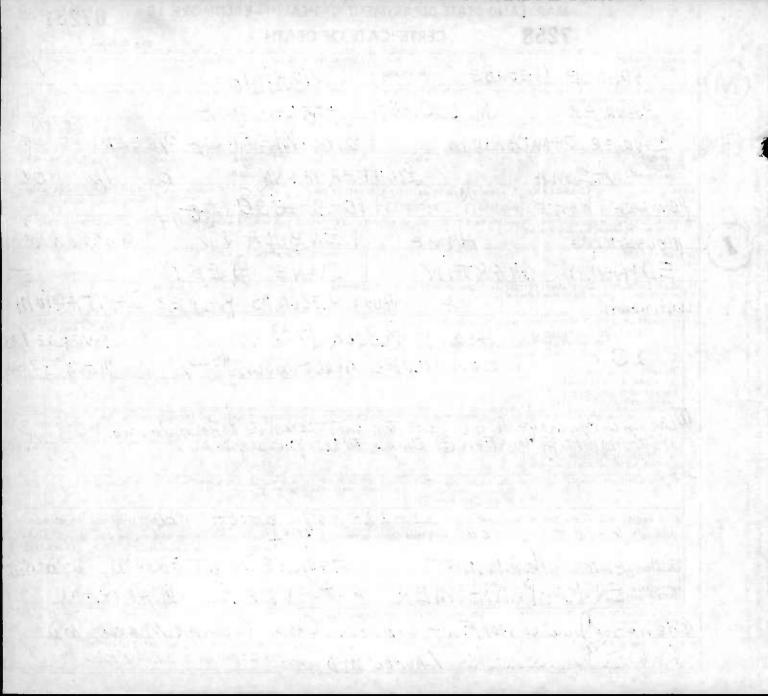
MARYLAND	STATE	DEPARTMEN	IT OF	HEALTH-	-BALTIMO	RE, 18)
MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEA	TH	

07230

29 1 tem 9 FilmG266 7-5-	60 ot Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Pr. Geo.
b. CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
Branchville transient	/ Lanham
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM
Smith's Lake. Smith's Sand and Gravel Pi	t. Box 78 Route 1. YES NO
3. NAME OF First Middle (Type or print) Edward A. Lee	Lost 4. DATE Month Doy Year OF DEATH June 24 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. White WIDOWED DIVORCED	Date Of BIRTH Oug 2841893 9. AGE (In years If UNDER 1YEAR IF UNDER 24 H Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
Retired Jailer	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John (Lee	Mary Collison
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	ifford Alfred Jones; same address as # 2.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Asphyxia	
DUE TO	WENGER AND THE RESERVE OF THE STATE OF THE S
Canditians, if any, which) (b) Drowning	
gave rise to immediate cause (o), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARYAL OF CONTRIBUTING DISCRIBE HOW INJURY OCCURRED. (Er. D. CAUSE OF DEATH.	nter nature of injury in Port I or Port II of item 18.)
DE VIII. OU 11	mming in a lake.
[-]	CE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State bry_street, affice bldg., etc.)
14.80 Am. 6-24- 1960 While of work of work of work	Lake Branchville Pr. Geo. Md.
21. I certify that I took charge of the remains described above	ve, held an Autapsy 🔲, Inspection 🕮 Inquiry 🌇, and find th
death resulted from: Natural causes, Accident, Suice	cide
1 2000	
SIGNATURE Com.). Walgrey	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER June 24, 1960
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county) (State)
Enjury 16-28-1960 Leder The	y Cent. Amapolis ma
23-FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	24d. REC'D 8Y REGISTRAR 24b/REGISTRAR'S SIGNATURE
Janu III. and a commence	DATE JUN 29'60 Circhun S. Kinus

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	79	20	CE	RTIFIC	ATE OF DE	ATH		Reg. Dist.	No. 0 6 2	232
1, PLACE O a. COUN	ITY	George	County	MARYLAND	2. USUAL RESIDEN O. STATE Mary	CE (Where deced	sed tived. If institu b. COUNT	tion: Residence		Carl III
RURAL	OR TOWN (If outside cor and give neorest town) heverly	porate limits, writ	e c. LENGTH O	F STAY IN 16	62	N (If outside con	parate limits, write	RURAL and give	nearest town	n)
OR IN	OF HOSPITAL (If not in STITUTION GEORGE		3	ital	d. STREET ADDI	ess 52d A	venue		ON A	SIDENCE A FARM? NO X
3. NAME O DECEASE (Type or	D	First WILL		Middle ANKLI	N LUTZ	4. DATI OF DEA		ne ne	•	Year 19 60
5. SEX	e Whi	,,,,	ARRIED NOON	MAKINED [B. DATE OF BIRTH Feb. 13,	1903	9. AGE (In year last bythdoy) 57 yrs	Months Do	YEAR IF UND	Min.
during Tr 13. FATHER'S		if retired)	Maloney		rete Roch	IDEN NAME	V ig ginia		S.A.	COUNTR
	CEASED EVER IN U. S. A known) (If yes, give wor Nor	RMED FORCES? or dates of service)	16. SOCIAL SECURI 216-180		INFORMANT	e Carp	Ad	drew 481: Edmonsi		Ave
Candi gave cause	PART I. DEATH Enter of PART I. DEATH WAS CAIMMEDIATE itions, if any, which rise to immediate (a), stating the <u>undercause last.</u>	USED BY:	er line for (a), (b), a	nd (c).]	e of E	suffe	egus		INTERVAL BE	TWEEN DEATH
ICATION TO THE PARTY OF THE PAR	PART II. OTHER SIGNIFIC CIDENT WAS UNDERLYINTRIBUTING CAUSE C				UT NOT RELATED TO TH			IVEN IN PART 1	PERFC	AUTOPSY DRMED?
₹ 20c. TIM	ER, NOTIFY MEDICAL EX E OF INJURY Month, our a.m. p. m.	Day, Year 20c	d. INJURY OCCURR hile Not while work at work		PLACE OF INJURY (Hom foctory, street, office blo		City or town)	(Cou	nty)	(Stote)
21. For alive	Del	ded the dece - GO, 19		5-10 that dea	19.50, the occurred at 2.1 M.D				date state	
	(Type) JUHN . CREMATION, 22b. DA AL (Specify)				6110 OR CREMATORY		e., Hyat		e, Md.	

Riverdale, Md.

TO FUNE VS A15 (4) 15M 9/55

W. W. CHAMBERS CO.

Prince George Comerci Hosentel . . 4811 SAR Lyonno

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Mruck Driver Meloney Conorcio Cochelle, Virginie

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Jone 215-180601 Stater Anderson Late, Edmonaton, Md.

urial June 11, 1860 Fort Timeeln Campbers Bladensburg, benylond.

W. W. CLAREERS CO. Riverdale, WG. on market and Action

CERTIFICATE OF DEATH 7230 directar, filed with low requires that the death certificate be executed within 24 hours ofter deoth. Page PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince Georges filed o. COUNTY MARYLAND Prince Georges County aryland the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly davs Brentwood. Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Prince Georges General Hospital 3903 Perry St. NAME OF Middle 4. DATE filled DECEASED OF DEATH Emmerich (Type or print) Mantz June IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Coroner last birthdoy) White DIVORCED [Female WIDOWED K 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) Own Home Washington D. C. pup ofter 13/ FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maloney, Emmerick Carstens Helen Geerv remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 8 Ashby St. Apt. A. No Helen R. Hagerty attending Alexandria, Va. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO riosclerosis permit. Conditions, if any, which been signed gave rise to immediate DUE TO 2 cause (o), stating the underpuo lying couse last as the buriol-transit leased remaval, certificote has 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0 Re 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) for use cremoti Hour a.m. While Not while of work at work 19 40, to JUNE 1960 that I last saw the deceased 21. I certify that I attended the deceased fram detoched and that death accurred a 2: 20 PM, from the causes and on the date stated above. R ATTENI d by the RECTOR: Reported ACTUAL SIGNATURE pe he registrar priar 3 should PHYSICIAN'S Dr. B. Miller M.D. Mt. Rainier.. Md TO FUNERA NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY poge 6/15/60 Glenwood Washington D. C. 4739 Baltimore Ave. 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

Hvattsville, Md.

VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist 17233

Months

Days

(County)

DATELIN 1 6 '60

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO V

(Stote)

(State)

e. IS RESIDENCE ON A FARM?

YES NO

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Fr. M. Prof. Dal.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07234 Pen Dist No

	72	92	CERTIF	FICA	ATE OF DEAT	Н		Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Prin	nce Georges		MARYL	AND	2. USUAL RESIDENCE (W. o. STATE	/here decease	d lived. If institution b. COUNTY	on: Residence	e before odmission)
b. CITY OR TOWN (IF RURAL ond give ne Glenn Dal	foutside corporote lim grest town) Le (rural)	its, write	c. LENGTH OF STAY II 7 months & 17 days	N 1b	c. CITY OR TOWN (IF	outside corpo		URAL ond gi	ve nearest town) -7X-3 e. IS RESIDENCE ON A FARM?
OR INSTITUTION Gler	n Dale Hos	pital			121	L N. C	apital S	t.	YES NO
3. NAME OF DECEASED (Type or print)	fi Carn		Middle G.		Lost Mazzetti	4. DATE OF DEATH	Mon	th 6	Day Year 7 19 60
5. SEX Male	White	WIDOWED	_		8. DATE OF BIRTH		9. AGE (In years lost birthday) 66 yrs.		YEAR IF UNDER 24 HR
10a. USUAL OCCUPATIO during most of work Laborer	N (Give kind of work ing life, even if retired	done 10b. K US 2020	IND OF BUSINESS OR File & Mark O Ga., Ave.	ole	Italy	e or foreign c	ountry)		EN OF WHAT COUNTRY
13. FATHER'S NAME Camello Ma	zzetti				14. MOTHER'S MAIDEN Margaret				
15. WAS DECEASED EVER		ervice)	9-07-4646	11	Decedent		Add	ress	
18. CAUSE OF DEA	TH [Enter only one country was Caused 84: IMMEDIATE CAUSE (country)	Mass		ary	hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 30 minute
Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	ny, which) (b	Far	advanced pr	ulmo	onary tubercu	losis			7 years
PART II. OTH Pulmonar 200. ACCIDENT WA	y fibrosis	and	emphysema		NOT RELATED TO THE TERM			EN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER) Y Month, Doy, Ye	While	Not while		ACE OF INJURY (Home, for ctory, street, office bldg., et		or town)	(Cc	ounty) (Stote
21. I certify the alive an	at I attended the	12,60	,	,	/, 19.59_, ta accurred at 12:35A M.D. Gle	_M, fram ADDRESS (S		d an the	t saw the decease date stated abave DATE SIGNE
PHYSICIAN'S NAME (Type)	Moe Wei	ss, M.	. D.		Gle	nn Dal	e, Md.		
220. BURIAL, CREMATION PERSOVAL (Specify)	N. 22b. DATE THERE	60	22- NAME OF CEME	De.	R CREMATORY	22d. LØCA	TION (City, town,	or county)	Stote,
23. FUTYERAL DIRECTOR	SIGNATURE	lne	ADDRESS 1-	6	A Ave DATE L	'D 8Y REGIST		STRAR'S SIG	

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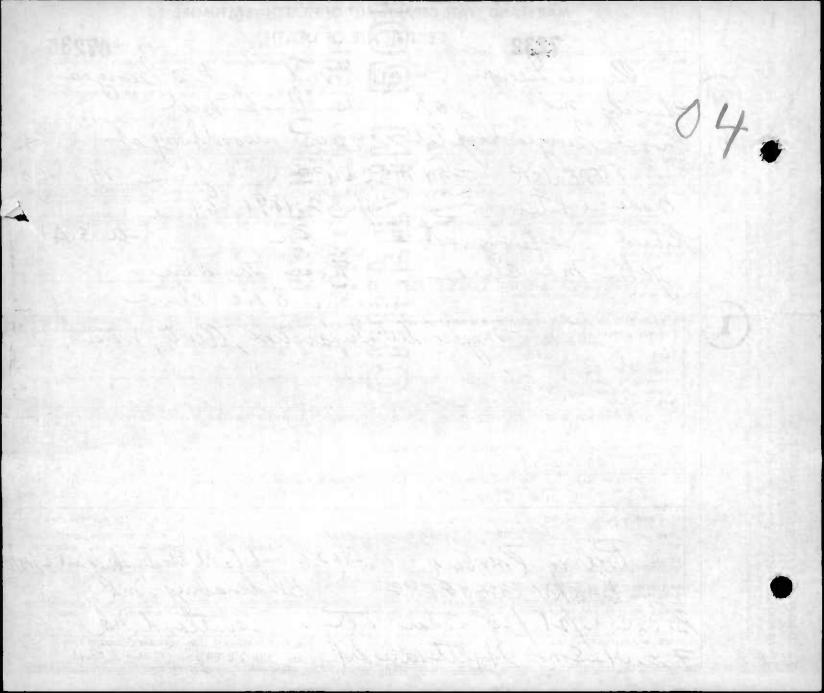
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

07237

66	48	CERTITI	CAI	L OI DEAII	•		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Prince George	's	MARYLAN	H	USUAL RESIDENCE (WHO STATE Maryland	ere deceased	b. COUNTY		before adm	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Berwyn Heights	s, write	9 Mos.	- 1	e. city or town (if o Berwyn Heig		ote limits, write R	URAL and giv	e nearest to	wn)
d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION 6200 Ruatan St	ve street od	dress)	ž	d. STREET ADDRESS	5200 R	utan St	reet	ON	ESIDENCE A FARM?
DECEASED (Tessie) Ter	esa	Middle	Mc C	lost Clusk ey	4. DATE OF DEATH	June	th	Day 1	Year 19 60
5. SEX 6. COLOR OR RACE white	7. MARRIE	NEVER MARRIED [-	Sept 1899		9. AGE (In years last birthdoy) 60 yrs.	Months D	YEAR IF UN ays Hour	
10o. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) House Wife	Own	ND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stole Germany	or foreign co	untry)		A.	AT COUNTRY
John Eder				A MOTHER'S MAIDEN N					
1S. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) Yes, give wor or dates of se		OCIAL SECURITY NO.	7. INFO	rmant er J. Mc Cl	luskey	(Husba		me as	# 2
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONI		L'OCET	BUT NO	LENOTIC IT	NAL DISEASE	CONDITION GIV	EN IN PART I	PERI	FORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCU	JRRED. (E	inter noture of injury in I	Port I or Port	II of item 18.)		YES	0N
20c. TIME OF INJURY Month, Doy, Yed Hour o. m. p. m.	while of work [Not while		OF INJURY (Home, form , street, office bldg., etc.		or town)	(Co	unty)	(Stote)
21. I certify that I attended the alive on	2 / 2 2 : M	, and that de	M.D.	Hyattsvál	le, Mo	the couses of ceep city or town.	state)	date sto	DATE SIGNE
220. BURIAL, CREMATION, 22b. DATE THEREO 6/4/60 23. FUNERAL DIRECTOR'S SIGNATURE		Mt. Olivet		metery	Washi	ngton l	D. C.		lote)
	ratts	ville, Md.		DATE UN	6 '60	an an	hun J. Tu	with ,	

may be VS A15 (4) 15M 9/S5

TO HOSPITAL

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

IRECTOR: After this certificate has been signed by the ottending physicion and completely filled I be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1

the registrar prior to buriol, cremotion, or removol, and in any event within 72 hours after death.

page 3 should be detached for use as the burial-transit permit. ned by the hospital or attending physician

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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y is necessary, director. Page 20 with 2 with d 52 in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page Office along burial (1) Ses 8 ute the certificate, writing the word Medical pinous forwarded to the Chief L DIRECTOR: Page 3 prior should be for 40 VS. A15ME

5M 7/59

W. W. CHAMBERS CO..

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 725 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Prince George Prince George County MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) District Heights District Heights a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address d. STREET ADDRESS ON A FARM? YES NO T Gateway Boulvard 7210 Gateway Boulvard NAME OF 4. DATE Yeer DECEASED DEATH (Type or print) 150. JOHN MC GOLDRICK SR. June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX lest birthdey) WIDOWED | DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES I. Mc GOLDRICK SULLIVAM MARGARET 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Route 3 Box 150 (Yes, no, or unknwn) | (If yes give war or dates of service) UNKNOWN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Edgewater. Maryland. John F. McGoldrick Jr. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Not While factory, street, office bldg., etc.) While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection L Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER June 3, 1960 EXAMINER'S JAMES I. BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ARLINGTON NATIONAL 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR

Riverdale, Maryland, DATELIN 8

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FOR STATE HEALTH DEPT.

lay is necessary, Health, files for your TO D. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the indirect 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages in any 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event with 77 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

79MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	07240
1. PLACE OF DEATH e. COUNTY			(Where deceesed lived, If instituti	on: Residence before edmission
Prince George	MARYLAND	e. STATE Marv	land b. COUNTY	rince Geprge
b. CITY OR TOWN (if outside corporate limits, c.	LENGTH OF STAY IN 16		utside corporete limits, write RURA	L end give neerest town)
write RURAL end give neerest town) Cheverly		3/ Charren	7	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite	I, give street eddress)	d. STREET ADDRESS	17	. IS RESIDENCE
		6000 State	0.1	ON A FARM?
DOA Prince George Hosp. 3. NAME OF First	Middle	6202 State	DATE Month	YES NO X
DECEASED			OF DEATH Tank	
James	Paul	MCKENNEY	9. AGE (In years IF UNI	19 19 60 DER 1 YEAR IF UNDER 24 HRS.
, MARKED			last birthdey) Month	
Male Cauc WIDOWED	DIVORCED	larch 29,19	02 58 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stete or	foreign country) 12.	CITIZEN OF WHAT COUNTRY
	Transit Co	Washing	ton, D.C.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
James McKenny		Mary E	llen King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	CIAL SECURITY NO. 17. IN	FORMANT	Address	
No 578	-10-7669 Mrs	Pauline Me	cKenny (Wife)	same as #2
18. CAUSE OF DEATH [Enter only one cause per line	for (e), (b), end (c).]			INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (6)	Acute o	ongestive 1	heart failure	ONSET AND DEATH
DUE TO				
Conditions, if eny, which (b)	Cordiox	ascular ren	agageth fan	
geve rise to immediate cause	022420	a-out at 101	TOT WINDSHO	
(e), stering the underlying				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN I	PART I(a)) 19 WAS ALITOPSY
OF				PERFORMED?
2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE	HOW INJURY OCCURED, (En	tor nature of latings in Root L	on Don't III of Story 10 3	YES NO X
PRIMARY Or CONTRIBUTING	NOW INDUKT OCCURED. (En	ter neture of injury in Perri	or Perr II of Item 18.)	
4				
		E OF INJURY (Home, ferm, 'ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour a.m. While et work	et work			
21. I certify that I took charge of the remain	s described above, held	d an Autopsy . In:	spection X, Inquiry X	, and in my opinion
death resulted from: Natural causes X.	Accident , Suicid	le . Homicide	, Undetermined manner	
0/00	1	CHIEF MEDICAL EXA	MIMER	
ACTUAL DAY	Parella	ASSISTANT MEDICA	L EXAMINER	DATE SIGNED
SIGNATURE SOUND	avery	M.D. DEPUTY MEDICAL EX	AMINER TO Tana	20 1060
NAME (Type) John T. Maloney	M/D	Address (Street, city	-SE OULIC	20, 1960
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c	. NAME OF CEMETERY OR		d. LOCATION (City, town, or cou	intry) (Stete)
REMOVAL (Specify)	Don't Ti	F-300 W T T W		
Burial June 22, 1960 23. FUNERAL DIRECTOR	Fort Line	oin Cem	Prince George By REGISTRAR 24b. REGISTRAR	OS CO. Md.
W.W.Chambers Co.,		Md DATE JUI	1 2 2 '60 Cm	7 S. Kraus

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The second of the second John T. Maleney, M.D.

Burial Wine 22,1960 Port Macoin Cem. Frince Coorge Co., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE Maryland b. COUNTY Prince Georges MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL Cheverly Indian Head e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Prince Georges General Haspital 8 Mattingly Avenue YES NO DATE Month Year DECEASED Houston 11 Charles McNinch June 60 DEATH (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 26 yrs. Months Days Hours white 12-23-33 Male WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Aircraft mechanic

Aircraft Fig. 7.3

Michigan 12. CITIZEN OF WHAT COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Hubbard Casper Le Roy McNinch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 287-26-3271 Helen M. McNinch: same address as Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Hemorrhage and shock PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Compound, comminuted fracture of skull, pelvis and r.leg. Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NOXIX 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Driver of an automobile in collision with a motor cycle. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) 19 60 of wark at work Accokeek. Md. Pr. Geo. Highway 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection XX, Inquiry XX and find that death resulted from: Natural causes , Accident XX Suicide , Homicide , Undetermined cause ... DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINAT'S NAME Hype) 1960 John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER June 11. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Ottawa Hills Memorial Park Toledo. Ohio Wash. D.C. ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co., 2901 14th St.N.W.

DATESUN 1 4 '60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 7266 Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed g. STATE b. COUNTY MARYLAND 20-1195 death. Srol b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 15 c. CITY OR JOWN (If outside corporate limits, write RURAL and give negrest town) BURAL and give searest fawn) pluods 168861 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 21001 YES T NO K NAME OF 4. DATE Month Year Day DECEASED OF middleton (ecelia (Type or print) DEATH 19 60 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths 10 / CAWIDOWED T DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working, life, even if retired) carbon often 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 17 INFORMANT 302 (If yes, give war or dates of service) NO CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) g. n. While Not while at work at wark p. m. Lune 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at F. M, from the causes and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATEJUN 1 6 '60 Circhar S. Trous

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5 5 6 p		BURIAL, CREMAT REMOVAL (Specification)
VS. A15ME(5)	23.	VIUN
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 7244						
Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Pr. Geo.				
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M.D.	CHIEF MEDICA	L EXAMINER [3			DATE S	SIGNED
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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exe-	cute the ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disector. Page 4 shauld be	0	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the registrar priar ta burial, crematian,	or remayal.
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VS. A15ME(5) 5M 9/55

	ME	DICA	L EXAMI	NER'S	CERTIFICAT	E OF	DEATH	Reg. D	ist. No	182	45
PLACE OF DEATH	Prince Geo	rges	MA	RYLAND	2. USUAL RESIDENCE (M		d lived. If institu b. COUNT	v -	ence bef		ission)
ned give nearest to	entwood		c. LENGTH OF STA		c. CITY OR TOWN (IF	outside corpo	prote limits, write	RURAL one	d give n	earest to	own)
d. NAME OF HOSE	ital or institution (f not in hos	pital, give street add	iress)	d. STREET ADDRESS Rt.1 Box	358 A	Lanham	. Md.		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	fir Thomas		Middle Walter	Moore	Lost	4. DATE OF DEATH	Month June	29	Day		Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARE	RIED 8.	DATE OF BIRTH	1	9. AGE (In years last birthday)	IF UNDER			DER 24 HRS.
Male	Col.	WIDOWE	DIVORCE	D 🔲	6-6-11		49 yrs.	Months	Days	Hours	Min.
during most of worl Labor	ting life, even if retired)	-	onstructi		Y 11. BIRTHPLACE (Siche Marylan		uniry)	12. CIT	US/		COUNTRY
13. FATHER'S NAME Edwar	d Moore				14. MOTHER'S MAIDEN N Matt		Hawkins				
15. WAS DECEASED I	VER IN U. S. ARMED FO		SOCIAL SECURITY N	O. 17. IN	FORMANT		Address				
No	(ii yas, give wor or coret or			Re	gina E. Har	ling;	same ad	dress	as	# 2	
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20c. TIME OF INJ	6- 28-	-60 While	rk at work	foctor	E OF INJURY (Home, farm, street, office bldg., etc.)	N.	or fown) B rentw oo		unty)	0.	(State) Md.
	that I took charge d from: Natural	alo		-	e, held an Autopsy ide , Homicide M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL E	AMINER C		ause [_		SIGNED
220. BURIAL, CREMAT REMOVAL (Specif BUTIAL) 23. FUNERAL-DIRECTO	ON, 22b. DATE THEREO	F	Woodlaws		tery		ON (City, town, o	or county)	3.	(Sto	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Tem 2 FilmG266 7-8-60 et

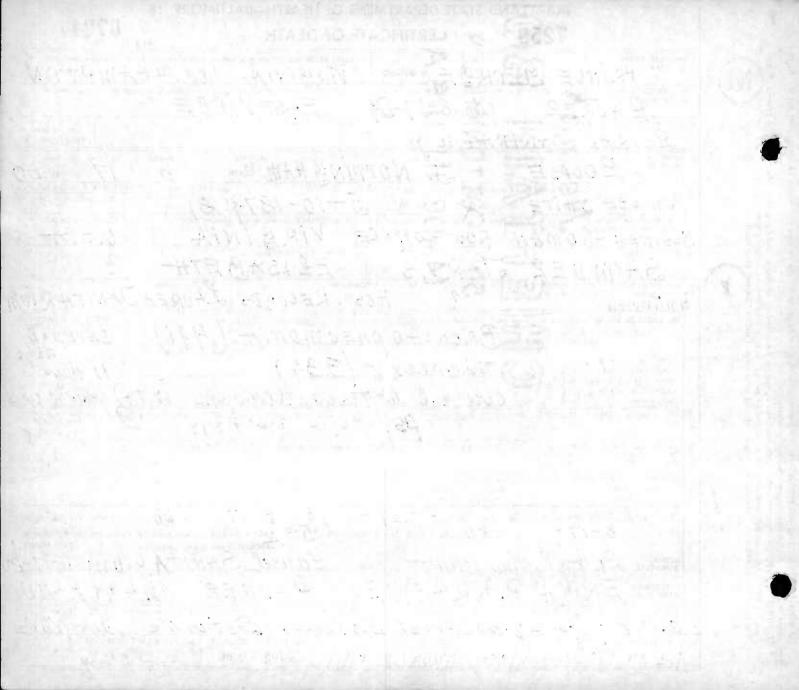
7197 Item 2 FilmG266 7-8-60 et CERTIFICATE OF DEATH

07246
Reg. Dist. No.

	PLACE OF DEATH O. COUNTY Prince	George's		MAR	YLAND	o. STATE	E (Where deceas	b. COUNTY	tion: Reside	ence befo	ore admiss	ion)
	b. CITY OR TOWN RURAL ond give	(If outside corporate limits, nearest town)	write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside corp	porote limits, write	RURAL 6nd	give he	drest town	1)
H	lyattsvil.			20 days		Abattayi	11/4/19/19/	/ Baltim	ore		31	01.4
	_OR_INSTITUTION	PITAL (If not in hospital, give ursing Home	street od	idress)		d. STREET ADDRE	ss 837 B	runswick				FARM?
	NAME OF DECEASED (Type or print)	First Raym	ond	John Nasi		Last K 1	4. DATE OF DEAT	/	nth	Do	7	Year 19 60
5. :	Male	6. COLOR OR RACE 7.				DATE OF BIRTH 6-8-60		9. AGE (In years lost birthdoy) yrs	Months	R 1 YEAR	Hours	Min.
	during most of wo	TION (Give kind of work don orking life, even if retired)	ne 10b. KI	IND OF BUSINESS	OR INDUSTI	Marylar 14. Mother's Mail	nd Belto	10	12. CII		S.A.	OUNTRY?
	Thaddeus	W. Nasierows	ki			Jane Don	rothy De	puy				
15.	WAS DECEASED EV	VER IN U. S. ARMED FORCE:		OCIAL SECURITY NO		ormant rsing Home	Record		dress	as	#	2
CATION	Conditions, if gove rise to couse (o), statin lying couse lost	g the under-		oloidism	EATH BUT N	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED?
CERTIFI	OR CONTRIBUTION	VAS UNDERLYING [] 20 IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCR	IBE HOW INJURY O	OCCURRED.	(Enter noture of injur	ry in Port I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m p. m	10	While	URY OCCURRED Not while		E OF INJURY (Home ry, street, office bldg		ity or town)		(County)		(Stote)
	21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the december 127-60 Thomas A. Ch	19_	ristensin	t death o	, 19 <u>60</u> , ta accurred at 8: D6905	ADDRESS		, stote)	ne date	pat DAT	d abave re signed 28-60
220		ION, 22b. DATE THEREOF		22c. NAME OF GEN		REMATORY	22d. LOC	ATION (City, rown,	or county)	ل	(Stot	e)
23.	FUNERAL DIRECTO	R'S SIGNATURE	tua	ADDRESS	رساق	mo ' DAT	REC'D BY REGI	100	ISTRAR'S S	0 11	,	

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
*	7259 CERTIFICATE OF DEATH 07247	
director Miles with	O. COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE GINIA NORUSTY HAMPTO	V
funeral funeral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL of Dive nearest town) EAST VILLE 83X-3	
XIO sho	d. NAME OF HOSPITAL (If not in pospitol, give street oddress) OPTINSTITUTION AND	M?
illed es 1 an	NAME OF DECEASED (Type or print) POUISE J. NOTTING HAM OF DEATH OF DEATH Day Year 19	60
d withing letely f	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Pemale White Widowed Divorced 5-10-1879 9. AGE (In years log birthdoy) Months Doys Hours M	HRS.
executed and camp or paper death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) BUSINESS - WD M 4N POST - DIVICE VIR 4 IN A 12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (State or foreign country)	TRY?
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ng physe remove	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. HOSP. RECORDS LAURED SANITHR Address SANITHR HOSP. RECORDS LAURED SANITHR	ivi
the deoth the attendi Then pleas vent within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	Z
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sician. seen sig ransit p	lying couse lost. (c) CEREDIAL WTENDS WELVING WITH SEVERAL	JV/c
ng physe e has bourial-t	YES NO	
rtificot sthe di sthe l sn, or r	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Sounty)	
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ending	21. I certify that I attended the deceased from $8-27-$, 1959, to $6-17-$, 1960 and that death accurred a 5 10 10 10 10 10 10 10 10	
DR ATTE bed by th IRECTOI I be deter inter to be	ACTUAL SIGNATURE EN P. HALL UMM M.D. Laurel SANITA RIUM 6-1	NED Z-E
RAL D	PHYSICIAN'S ERIKA P. KRAEMER LAUREL MARYLAN	12
HOSE May be FUNE poge 3 the reg	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL (Specify) FINE 19,1960 HV 15 FP15C8P2/ 625 FUI//e) 1851N	12
P P P P P P P P P P P P P P P P P P P	SEUNERAL DIRECTOR'S SIGNATURE ADDRESS	
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MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18	
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7296 CERTIFICATE OF DEATH

07248

1630	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Phince Icongec MARYLAND	6. STATE MOINT
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Prina 1- Haclofi	Takona PK 1519,2
d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Paint Brandy Nunging Home	7902- Flower Ave YES [] NO []
3. NAME OF First / Middle	Last 4. DATE Month Day Year
(Type or print) Lydia Diffs	0/3 CA/ DEATH 6 257 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Days Haurs Min.
Feniale White WIDOWED DIVORCED	DUNE 15, 1891 69 Mg.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOSESE WICE	Nosevay U.S.A
IJ. PATHER'S NAME	14. MOTHER'S MAIDEN MAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	I Loruse
(Yes, no. or unknown) [If yes, give wor or dates of service]	NFORMANT Address
	unsing Home Deconds
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH A
IMMEDIATE CAUSE (o) Coruma	ry Ocelusione Jeruinal
Tao, DUE TO	
Conditions, if any, which gove rise to immediate (b)	
couse (a), stoting the under-	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUIT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Ohronia /	PERFORMED?
	D. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s terres native at impary in ratio at ratio in terror.
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
Haur o. m. P. m. While Not while at wark of ot work	ctory, street, office bldg., etc.)
	24, 19, 29, to June 25, 1960, that I last saw the deceased
dive dis , 17, and rhar dearn	occurred at July M., from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Cohert affare	M.D. 809 Davis Ave Tak. Pt, 6/25/60
PHYSICIAN'S Robert A. Hare	
220. BURIAL CREMATION, 226-PATE THEREOF, 22d NAME OF CEMETERY OF SURVEY WORKER	R CREMATORY 22d TOCATION (City Jown, or county) (State)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS ADDRÉSS VILLE LA CONTROL MAIN	DATE JUN 2 8'60 CILLING S. TIMES

240, OH 140	NIABOTTO BIADI	Pingao 4	7905
		10	
	Excellent of the	OF THE PERSON NAMED IN COLUMN	
	F BETTER	S. C. Harrison	
		THE RESERVED TO SERVED TO	Constitution of the last of th
	Y		
The state of the s			
	The Property of the Party of th	11995	\$5.7/12 kg 3.10 kg/2 sq.55.50

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director 2 should be filed may be need by the haspital or attending physician. O FUNER SIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 14 the registrar prior to burial, crematian, or removal, and in any event within 72 hays after each. TO FUNER

VS A15 (4) 15M 9/55 notified and waived jurisdiction.

Prince George Co. Medical Examindr, Dr. Boyd,

	MARYLAN	D STATE DEPAR	TMENT OF	HEALTH-	-BALT	IMORE, 1	8	
	7297	CERTIF	ICATE OF	DEATH			Reg. Dist. No	7249
1. PLACE OF DEATH o. COUNTY			O STATE	IDENCE (When	re deceased l	ived. If institution b. COUNTY		
	GEORGE	MARYLA	IND	DIST of	COLU	BIA	4	+7X-3
b. CITY OR TOWN (If outside RURAL and give nearest to		c. LENGTH OF STAY IN	c. CITY OF	TOWN (If our	Iside corporo	te limits, write RU	RAL and give ne	arest town)
RURAL UPPER		NA		NAS ANA	COSTI	WASH 2	25 DC	
d. NAME OF HOSPITAL (IF I	not in hospital, give stre	et address)	d. STREET	ADDRESS	- 9-5			e. IS RESIDENCE ON A FARM?
	SAFH ANDREW	S AAFB.	1	INKNOWN				YES NO
3. NAME OF DECEASED	First	Middle	Le	ost	4. DATE	Month	Dr.	ay Year
(Type or print) CHARI	ES	BARTLETT	ORMSB	EE.	DEATH	JUNE	5	19 60
		ARRIED NEVER MARRIED			9	AGE (In years		IF UNDER 24 HRS.
MATE WI		WED DIVORCED		PT 1030		20 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Giv	re kind of work done 16	b. KIND OF BUSINESS OR	The Party		r fareign cou		12. CITIZEN C	OF WHAT COUNTRY
during most of working life		U.S. NAVY		AMA AM	0'0'0'4	Michiga	n U.S.	
MILITARY SI 13. FATHER'S NAME	ERVICE	U.S. NAVI	14. MOTHER	S MAIDEN NA		Michiga	U.D.	-
XXX XXXXX	M Charles	ORMSBEE	-3-	XXX	€ 40 0 0 0°4	N Beula	h (unkno	own)
S. WAS DECEASED EVER IN U	S. ARMED FORCES?	16375748-11499.	17. INFORMANT			Addre	55	
YES JA	* 40 40 40	TRECORRES XXIA	Naval Rec	ords				
18. CAUSE OF DEATH [E	nter anly one cause per	r line for (o), (b), and (c).]					≧ INT	ERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY: DIATE CAUSE (o)	SKULL FRACTU	RE.			2	NO ES	SET AND DEATH
Imme	DUE TO	AUTOMOBILE AC						
Conditions, If ony, wi	lich)	MOTORIODIAN IN	30 102311					
gave rise to immedi	ate (DUE TO							
lying cause lost.	ger-							
	(c)	IS CONTRIBUTING TO DEAT	H BUT NOT RELATED T	O THE TERMIN	AL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY
ATIO								PERFORMED?
PART II. OTHER SIG	FRI YING PT 20b. D	ESCRIBE HOW INJURY OCC	TIRRED /Fotor noture	of injury in Pa	ort Lor Port I	of item 18.1		TO LIVE
OR CONTRIBUTING CA	USE OF DEATH							
	T CLE	senger in au	De. PLACE OF INJURY		20f. (City o		(County)	
3:15 KOK JU	IVVh	ile Not while	factory, street, affi	ce bldg., etc.)				Ch. 200
₹ 3:15 KOKK JU	N 5 19 60 or v	vark at wark	STREET		UPPE	R MARLBOI	RO P.G.	MD
21. I certify that I c	attended the dece	ased fram D	OA , 19—			19	,that I last s	awithe decease
alive on 5 JUN	E, 19	60, and that d	leath accurred a	3:15 A	M, fram	the causes ar	nd on the do	ate stated above
10 1	1 -400 D	11 +0-	1 cs class			et, city or town, st		DATE SIGNED
SIGNATURE SIGNATURE	20 / 20	Alon Jake	W.D. USA	F HOSPI	TAL A	NDREWS		6-6-60
PHYSICIAN'S JOHN NAME (Type)	C SMITH C	CAPT USAF (MC) AND	REWS AI	FB WAS	H 25 DC		
220. BURIAL, CREMATION, 22	b. DATE THEREOF	22c. NAME OF CEMET	ERY OR CREMATORY		22d. LOCATIO	ON (City, tawn, or	caunty)	(Stote)
REMOVAL (Specify) Burial-Shipmen	t 6-7-60				Flint		Mich	igan
23. FUNERAL DIRECTOR'S SIGN		ADDRESS	1100,000	240. REC'D	BY REGISTRA	AR 24b. REGIST	RAR'S SIGNATU	
W.W.Chambers &	Co., 1400	Chapin St	N.W. Washi	COATE J	UN 7 '	60	7 11 0 1	

BE BROMITANI-ENASH TO THE MINATED STATE ON A STAM A BE The mages HTARR TO BEATH OF BEATH LEAST SUPPLIED THE STATE OF THE m (concession) added, bit The second formers than their field william authorities at Togenhaus

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VS A1S (4) 1SM 9/SB

	7235	1	CERTIFI	CATE OF DEA	ATH		Reg. Dist. N	07250
	rince Geor		MARYLAN	o. STATE Mar	E (Where deceased li yland	b. COUNTY	rince	George:
RURAL ond give in Cheverl		ts, write	c. LENGTH OF STAY IN 36 hrs.		N (If autside corporat はわれずの	e limits, write RU	JRAL and give n	earest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, g			d. STREET ADDRE		s Road	1	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	George Ger	st	Middle	Last	4. DATE OF DEATH	Mant	h 23	Day Year 19 66
S. SEX Female	6. COLOR OR RACE	_	IED NEVER MARRIED [1 . /-	9.	AGE (In years lost birthdoy)		R IF UNDER 24 H
during most af wa	ION (Give kind of work of rking life, even if retired tired Nave)	In Factory	Was hir	ngton, D		U.S.	A.
George H				Mary	Tane Coo	mbs	7-22	
S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	Nome	May C. Pue	ckett			Buren s
Conditions, if gave rise to cause (a), stating lying cause last	immediate DUE TO)	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE C	CONDITION GIVI	EN IN PART 1(a)	19. WAS AUTOP PERFORMED?
PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	PRRED. (Enter noture of inju	ry in Port I ar Port II	of item 18.)		YES NO
	IRY Month, Day, Yes			PLACE OF INJURY (Home	, form, 20f. (City or	r town)	(Count	y) (Sto
Hour o.m.	19	While at worl	Nat while of work	factory, street, office bldg	j., etc.) j			
Hour o.m.	hat I attended the	at worl	ed framle_/=	2/ , 1960 , to	e/L 3			aw the deceas
21. I certify t	19	at worl	ed framle_/=	21 , 1960 , to	() () () () () () () () () ()		d on the da	aw the deceas
21. I certify t	19	at worl	ed framle_/=	21 , 1960 , to	() () () () () () () () () ()	e causes and	d on the da	aw the deceas

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18

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	AYA.	8/4/1880		a#26#	of Possilo
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Van Burga at at by Parks. Nd.	- 6044	Mary Jane	Tone	Hendy	OPCCPG Mn
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		14 Sept. 140	All the	M. Harri	19494 AB

MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian. Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY Maryland b. COUNTY Pr. Geo. Prince Georges MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly DOA Beaver Heights 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? Prince Georges General Hospital 5205 Addison Chapel Road YES INO NAME OF DATE Day Month Year funeral far your DECEASED DEATH 8 19 60 Outlaw David June (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. the 3 to the Months Hours retained Male colored 3-10-13 WIDOWED [DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2, and ; during most of working life, even if retired) Construction USA N. Carolina pe Pipe Layer may ! 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Gilliam David Outlaw 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give W.W. 2 Shirley Outlaw: same address as # 2. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) buriol-tronsit DUE TO Crushed chest Canditions, if ony, which pencil gove rise to immediate couse **DUE TO** (o), stating the underlying cause lost Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY used as PERFORMED? YES 🗌 NO 20g. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) Was working in a ditch when side bank gave way covering deceased. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) writing the w factory, street, office bldg., etc.) Pr. Geo. Md. of work of work Glen Arden Street 21. I certify that I took charge of the remoins described above, held an Autopsy , Inspection K). Inquiry A, and find that Vificate, w. DIRECTOR: Accident XI, Suicide , Homicide , Undetermined cause death resulted from: Natural causes . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S June 8. 1960 John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER NAME (Type). 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 4925 Neans Che MS JUN 1 3 '60 arthur & Krays

VS. A15ME(5) 5M 9/55

DEPUTY

CONTROLLAR EXAMINER'S CERTIFICATE OF DEATH Sall ellimotodic directode Thurs The late of the control of the contr nc Nown and and a partion of Temple of the second . I was supplied to the second to be seen as disease nationes . In all the programme of the programme of the contraction of the cont

please exe	should be		cremation,	
ecessory, p	ir. Page 4		to burial,	
delay is n	iral directo	or f	stra: or	(
th. If any	to the fune	ined for yo	ith the regi	
ofter dea	2, and 3	be retai	Lend 2 wi	
in 24 hours	e Pages 1,	Page 5 mg	File poges	-
cuted withi	ım 18. Giv	orm PM3.	t permit.	
uld be exe	encil in Ite	lang with f	urial-transi	
lificate sha	ding" in p	's Office a	used as a b	
R: This cer	ward "pen	Examiner	should be u	
EXAMINE	rriting the	ef Medical	R: Page 3 s	
MEDICAL	ficate, w	the Chi	DIRECTO	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe	cute the ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	forward	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the registration or to burial, cremation	or removal
VS	. A	15	ME(5)

5M 9/55

	7237	EDICA	L EXAMIN	ER'S	CERTIFIC	AIE OF	DEATH	Reg. D	ist. (Ha	7252	,
1. PLACE OF DEATH o. COUNTY	Prince Ge	orges	MARY		2. USUAL RESIDEN O. STATE PT	CE (Where decades)	b. COUNT	v	ence bef		in)
and give negrest fow	outside corporate limits, write no neverly	te RURAL	c. LENGTH OF STAY	IN 1b	70	'N (If outside co	rporate limits, write	RURAL and	d give n	earest tawn)	
	Georges Ge		spital, give street address Hospital	a)	/d. STREET ADDRE	ess lker Mil	Ll Road		W	ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Lawren	nt ICE	Robert	Patt	terson	4. DATE OF DEATH	Mont June		Doy	Year 19 6	
5. SEX Male	6. COLOR OR RACE white	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED		2-18-00		9. AGE (In years lost birthday) 60 yrs.	Months	1YEAR Days	Hours Mi	
during most of worki	ng life, even if relired)	111.	Wat Concret	, ,3		State or foreign	country)	12. CITI	IZEN OF	USA	UNTRY?
13. FATHER'S NAME	Unknown				4. MOTHER'S MAIS		nown		13		
15. WAS DECEASED EN	7918-1934	RCES? 16.	78-18-8062		ormant ary Ruth	Patter	Address Son; same	e addr	ress	as#	2.
ICATIO	diate couse out to underlying DUE TO (c)	Cardiov		Lar renal			VEN IN PAR	- '	PERFORM	
	NTRIBUTING		E HOW INJURY OCCUR					16			C
20c. TIME OF INJU	IRY Month, Day, Ye	Whil		factory	OF INJURY (Home, street, affice bldg.	, tarm, 1201. (Ci	ly or town)	(Co	unty)	C.	State)
		causes [Accident , Accident , M.D.	Suici	de, Hami M.D. CHIEF MEDIC ASSISTANT M		ER 🗍	-	j	DATE SIGN	
BUNIA	0/10/	60°		1	Nationa	1	ATION (City, town, AHII	Nat	ON	(State)	
23. FUNERAL DIRECTOR	embers &	517-	ADDRESS ST. S. WASh	EA		REC'D BY REGIS		strar's sic			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SELECTION OF THE PROPERTY OF T	
223 MOIGAL EXAMINER'S CHRIEFCATE OF DEATH	
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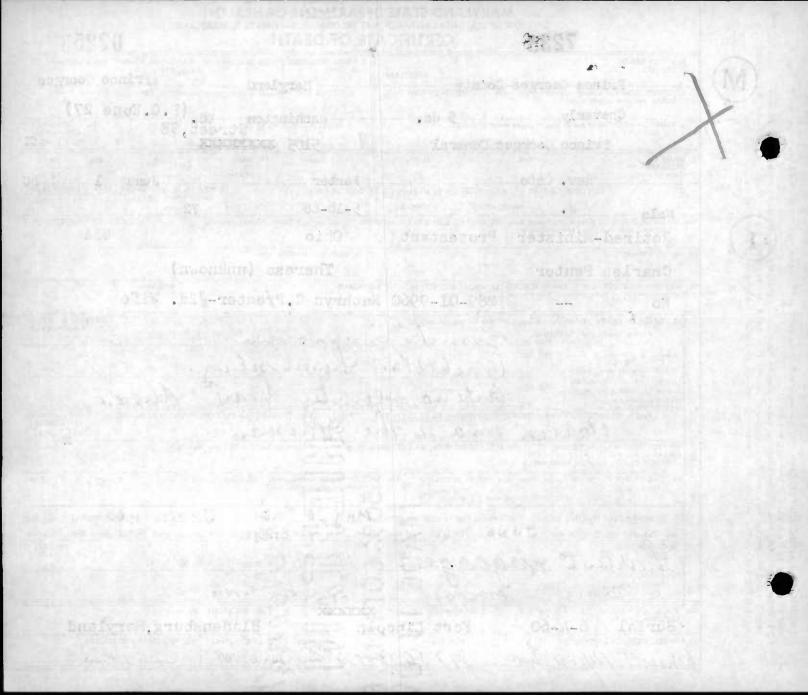
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 7238 CERTIFICATE OF DEATH 07253 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COUNTY b. COUNTY MARYLAND Prince Georges

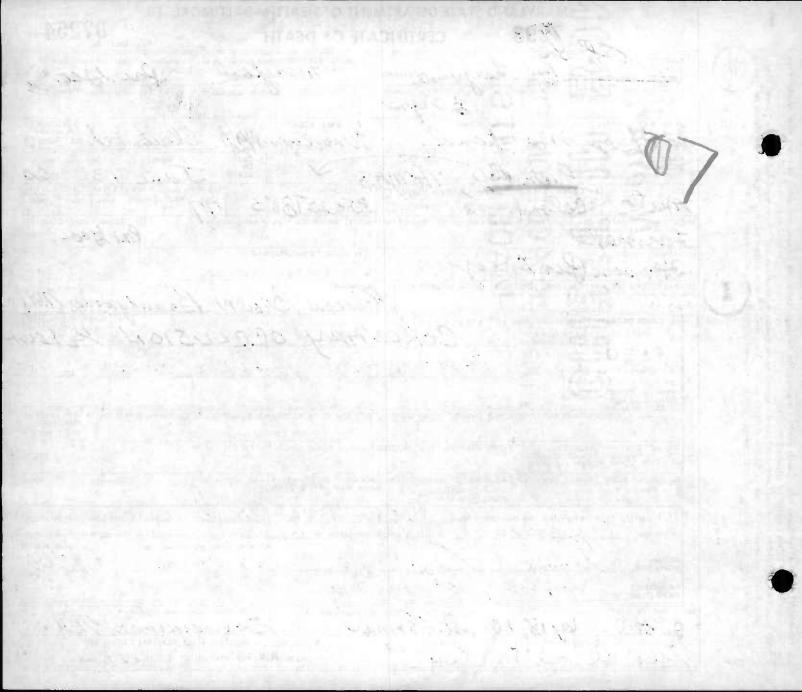
b. CITY OR TOWN	(If autside carporate in	nits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (I	autside corp	orote limits, write R	RURAL ond	give ne	arest tow	n)
RURAL ond give	neorest town)				X		1-	O.Zo		271	
d. NAME OF HOSE	heverly PITAL (If not in hospital,	give street	address) da.		d. STREET ADDRESS	gton	100			e. IS RES	SIDENCE
OR INSTITUTION	Prince Geo	rass	General		5105	XIX 3 OX	reet, SE	2.00			A FARM?
3. NAME OF		irst	Midd	le le	Last	4. DATE	Mor	nth.	Do		Year
(Type or print)						OF DEATH			-	,	19 6
5. SEX	Rev. Ott		RIED E NEVER MARI	RIED T B. C	Penter DATE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR		
	W.	WIDOW			5-18-88		72 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b				e or foreign o		_	TIZEN OI	F WHAT	COUNTRY
Retire	d-Ministe	r F	rotestan		Ohio				US	A	
13. FATHER'S NAME					4. MOTHER'S MAIDEN						4
Charle	s Penter			3.3	Theres	a (un	known)				
	VER IN U. S. ARMED FO		SOCIAL SECURITY N			,		lress			
Yes, no. or unknown	(If yes, give wor or dates of	service	289-01-99	60 Ka	thryn C.P	rente	r-#2d.	Wife	9		
1B. CAUSE OF D	EATH [Enter anly ane	ause per l	ine for (o), (b), and (c	:).]						ERVAL B	ETWEEN DEATH
PART I. D	EATH WAS CAUSED BY	(a) /	ninch	o pr	reumos	na			ON.	SEI AINL	DEATH
1420	DUE T			1	. ()	1					
Conditions, if	ony, which)	b) [prebel	lar	hemi	ne	ur.				
gove rise to	immediate Dus T				1	0	1	2 .			
lying couse los		(c) (2)	rtino,	sele	so lu	hea	4. a	1000	20		
Z PART II. C	THE SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO D	EATH BY NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PA	RT 1(0)	9. WAS	AUTOPS
OIA PART II. C	(ancia	27	ma 1.	The	Algnes	4 chan			93	YES T	ORMED?
20a. ACCIDENT V	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	n Part I or Po	rt II of item 1B.)			X	
OR CONTRIBUTION (IF EITHER, NOTIL	IG CAUSE OF DEATH	1									
No 20c. TIME OF INJ	JRY Month, Doy, Y	ear 20d.	NJURY OCCURRED		OF INJURY (Home, far		y or town)		(County)		(State
Hour o. m	10	While at wo		factor	y, street, office bldg., e	tc.)					
					10. 2/	. 10	Turit	1	C		
	nat (I) (this haspite				V ·	-				. ,	, ,
saw the dece	ased alive an	ONE	=/19_6.Qr an	d that dea	th accurred at 81	DMOM	the causes ar	nd an th	ne date		
TO STATURE	00.01	1-	2440		ATTENDING	MED.	STAFF			24	2b. DATE SIGNE
22c. PHYSICIAN'S	KEOL, 4	rag	eage	M.C	22d. ADDRESS	DIRECTOR _	PHYS.				
NAME (Type)	3.140. 55	0	0		22000						
	MAKES	1417	OCHGE		CHEVERL	<i>f</i>	70				
23a. BURIAL, CREMAT	ION, 23b. DATE THERE	OF	23c. NAME OF CE	METERY OKC	ASSESSED VICES	23d. LOC/	ATION (City, town,	or county)	(Sto	ite)

Burial (Specify) Fort Lincoln Bladensburg, Maryland 6-4-60

25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR DATE JUN 6 arthur S. Kraus



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
SE TA	7298 Item 14 FilmG265 6-28-60 et CERTIFICATE OF DEATH Reg. Dist. No.
directa	1. PLACE OF DEATH o. COUNTY Bankyun MARYLAND 2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) o. STATE Manyland b. COUNTY Printles
the funeral should be 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton Clinton
N	NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Worldow Maryland Woollyfully, Clintally, YES NO
illed in	3. NAME OF DECEASED (Type or print) PINKING (THOMAS) A. BATE Month Day Year OF DEATH June 13 1960
o willing a	5. SEX 6. COTOR OR RACE 7. MARKIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Windowed DIVORCED DIVORCED DIVORCED 0. DATE OF BIRTH 9. AGE (In years last birthdoy) Whom this Doys Hours Min.
nd cample in papers. death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
sician ar	13. FATHER'S NAME Actie Skinner
y de la	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. HIPORMANT Releccal Brown Brandywine Md.
agained by the attending to permit. Then please red in any event within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under- lying couse lost. (c)
ohysician. Is been si al-fransit aval, and	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ending phy ficate has the burial- ar remave	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
la ar ath	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w
haspite After t hed far rial, cre	21. I certify that I attended the deceased from. (1954, to 1954, to 1954, 1954) that I last saw the deceased glive an 1954 to
U by the IRECTOR: I be detacl	alive an
ERAL DIII	PHYSICIAN'S ALFRED R. LAPPININ
may be to FUNER page 3 the regis	220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d to CATION (City, town, or county) (Stote)
S A15 (4) 5M 9/58	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RÉC'D BY REGISTRAR'S SIGNATURE DATE JUN 17 160 CITTIM S. Have



ADDRESS

Hyattsville, Md.

page 01 VS A15 (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No

07255

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

3 m 05

mos

WAS AUTOPSY

YES NO Z

(Stote)

DATE SIGNED

(State)

PERFORMED?

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(County)

24b. REGISTRAR'S SIGNATURE

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24g. REC'D BY REGISTRAR

JUN 22 '60

DATE

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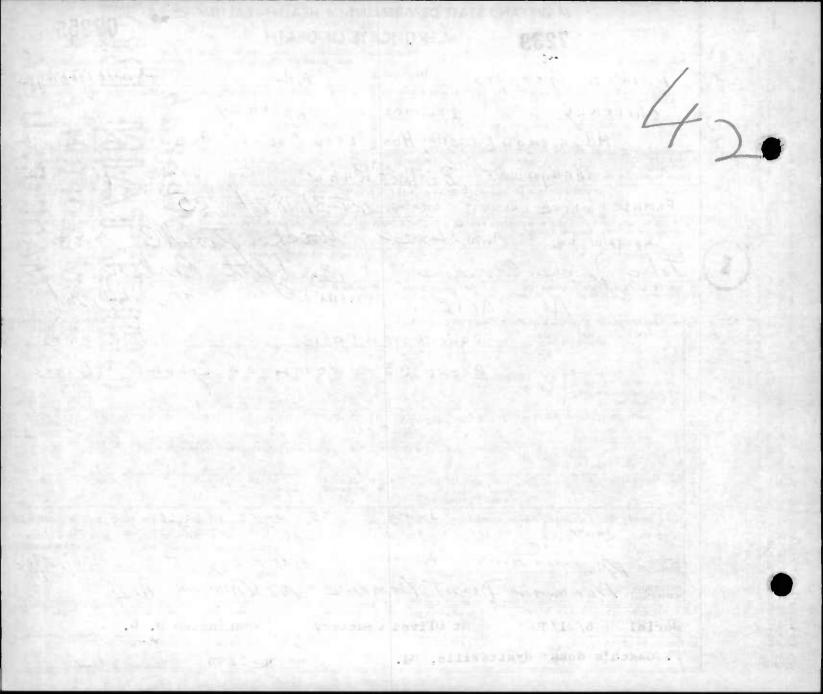
IS RESIDENCE

ON A FARM?

YES NO 14

Yeor

1960



FOR STATE HEALTH DEPT. TO DEPU MEDICAL EXAMINER: This certificate should be executed within 2 frouts ever death. If any 20sy is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give least 1, 7, and 3 to the first or. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Tage 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any event

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

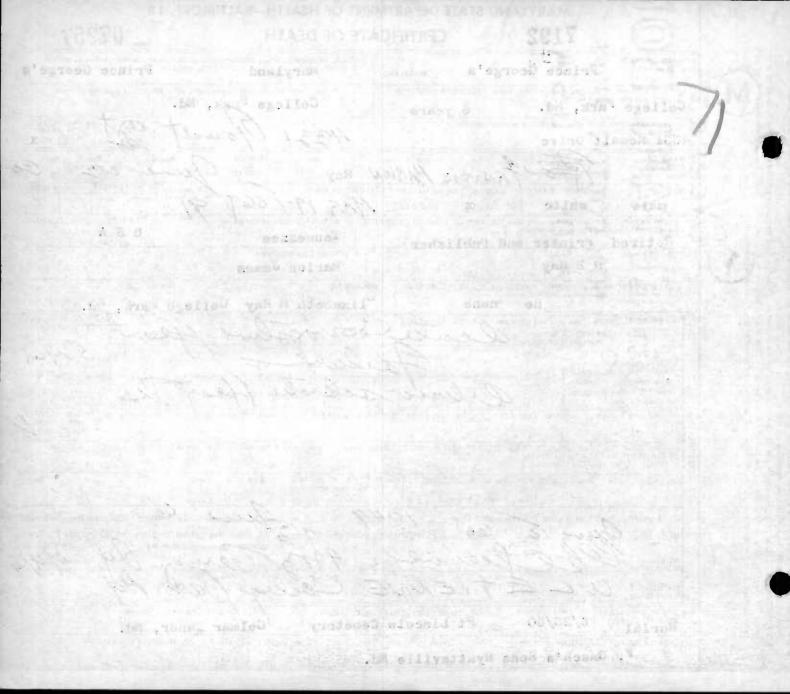
70 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 07256
PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Prince George County MARYLAND	o. STATE Maryland Prince eorge
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL end give neerest town) Cheverly	120 , AD bla: 80
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
	ON A FARM?
Prince George General Hospital	6 J H Central menue YES NO 15
DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) EARL WILSON	RANDALL DEATH June 3 19 4 0
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED S	Sept. 25, 1930 29 yrs. Months Deys Hours Min.
108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Plus hos Plemby	Dushiet of Columbia 4.5.a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME)/
William Fromblen (avidal)	Thelma Thane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT A O O Address
578-36-4404 Ju	me handall, Follow
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	lease of all the onset and death
IMMEDIATE CAUSE (e)	The state of the s
DUE TO	0 16 0 9
Conditions, if eny, which geve rise to immediate cause	- ARUS
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO P
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (E	Enter neture of Injury in Pert I or Pert II of item, 18.)
CAUSE OF DEATH.	cuto That row of road augstuck
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 206. PLA	CE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State)
1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ory, street office bldg., etc.) To estable P5 md
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes . Accident . Suici	
1 0 1 5	CHIEF MEDICAL EXAMINER
SIGNATURE ane J. Joy	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type) JAMES I. BOYD, M. D.	Address (Street, city, town, or county) June 3, 1960.
28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stete)
Burial June 6, 1960 Fort Lincoln (Cemetery Bladensburg Maryland
23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W& W. CHAMBERS CO., Riverdalem Maryl	land. DAWIN 8 '60 Cather & Kara
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	MARYLAN	D STATE DEPARTM	ENT OF HEALTH	-BALTIMOR	RE, 18	
	7192	CERTIFICA	ATE OF DEATH		Reg. DA 725	7
1. PLACE OF DEATH o. COUNTY	Prince Geor	ge's MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	nd b. Co	institution: Residence before od OUNTY Prince Ge	
b. CITY OR TOWN COLLEGE	(If outside corporate limits, wri peorest town) Md.	c. LENGTH OF STAY IN 16 6 years	c. CITY OR TOWN (If or College	e Park, M	write RURAL and give nearest	town)
d. NAME OF HOSPI OR INSTITUTION 4331 Rowa	TAL (If not in hospitol, give str lt Drive	eet oddress)	d. STREET ADDRESS	Ofowal	1.00	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First	ANCIS HARION	Ray	4. DATE OF DEATH	Month Day	Year 19
5. SEX male	7 4 4	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH MAR 19-	869 9. KGE (In lost birt	hdoy) Months Doys Ho	
Retired	rking life, even if retired)	Ob. KIND OF BUSINESS OR INDU Publisher	Tennesse	e	U S A	AT COUNTRY
13. FATHER'S NAME	D B Ray		Marion Ja	- · · · · -		
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. I	nformant Lizabeth M A	Ray Colle	Address ege Park. Md.	
	ATH [Enter only one couse ps ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Only, which	r line for (o), (b), and (c).]	lovogse	Twe f	VINTERVA	L BETWEEN AND DEATH
gave rise to couse (a), stoting lying couse lost.	the under- (c)	Diterio -	schoole	fear	Pes	
PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	PE	REORMED?
	G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item	18.)	
Y 20c. TIME OF INJU Hour o. m. p. m.	WI	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote
21. I certify to alive an	best I attended the dece	eased from 194 oces, and that death teems french		M, from the caus ADDRESS ISPect, city of	A Hd	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 22b. DATE THEREOF 6/25/60	Ft Lincoln (Cemetery	nd. LOCATION (City,	nor, Md.	(Stote)
23. FUNERAL DIRECTOR		ADDRESS Hyattsville Mo		BY REGISTRAR 24	b. REGISTRAR'S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7260 CERTIFICATE OF DEATH

Reg. Dist. No. 07258

h													
1.	PLACE OF DEATH a. COUNTY Prince G	eorge		MARY	LAND	2. USUAL RES		sere deceased	lived. If institution by COUNTY HOWAT	,	nce before	e admiss	sion)
	b. CITY OR TOWN RURAL and give a Laurel	(If autside carporate limi nearest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OF		iutside corpor	rote limits, write R	URAL and	give neor	est fow	1)
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	give street	address)		d. STREET	ADDRESS					ONA	IDENCE FARM?
L	Laurel	General Ho	spita	al		Bex 2	261					YES L	NO 🔟
3.	NAME OF DECEASED (Type or print)	Louise	rst	Middle			miles	4. DATE OF DEATH	Jun.		Doy 19		Yeor 1960
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🔲	B. DATE OF BIR			9. AGE (In years lost birthday)	IF UNDER	Doys	Hours	ER 24 HRS.
_	emale	White	WIDOW			July 2		/	50 yrs.				
10	during most of wo	ON (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUS		PLACE (Stote Marylai		ountry)	12. CI	TIZEN OF	WHAT	COUNTRY?
13.	FATHER'S, NAME	linge		Joan			S MAIDEN N				<u></u>	3/	
	Sugar	6 Bar	ton			Sa	-1	, she	min	Tu			
		ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. II	NFORMANT		7 4	Mod	ress			
L	s, no. or unknown	(If yes, give war or dates of	ervice)		F	Hospita]	l Recor	rds	V				
		ATH [Enter only one co	use per li	ne for (a), (b), and (c).]						INTE		DEATH
	120	IMMEDIATE CAUSE (precen	سره					;	4.	8-4	ns
	Conditions, if	DUE TO	1)	lair (al						11	0	las.
	gove rise to	immediate (DUS TO	,	904 -		1		0 1			1	0	7
	lying couse lost.	The under-	1)-	st-ope	ra	twe	-10	400 19	y Jene	tow	5		
CATION	PART II. OT	HER SIGNIFICANT CON	ESHOPITION .	CONTRIBUTING TO DE	ATH BUT	NOT RELATED 1	TO THE TERMI	NAL DISEASE	ECONDITION GIV	EN IN PAR	1(0) 19	PERFC	AUTOPSY RMED?
CERTIFI	20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING COME CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture	of injury in I	Part I ar Part	II of item 18.)				
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	RY Month, Doy, Ye	ar 20d. I While at war	NJURY OCCURRED Not while	20e. PL/ foo	ACE OF INJURY story, street, offi	(Home, form ice bldg., etc.	20f. (City	ar tawn)	((County)		(State)
	21. 1 certify t	hat I oftended the	deceas	ed from 61 11		196	0, to (e	119	1960	that I	last so	w the	deceased
	olive on 6	19/69	, 12	, and that	death	occurred o	13 P	M, from	the causes o				
	ACTUAL	Mind	وا	or			owe	address (St	reet, city ar town,	stote)	6	P21	ATE SIGNED
	BUYSICIAN'S	Joseph B. S	indel	ar, M.D. 1	50 W	ashingt	on Blv	d., La	aurel, Ma	rylaı	nd	7	
22	BURIAL, CREMATION (Specific	ON, 226. DATE THERE		22c. NAME OF CEM		R CREMATORY		22d. LOCAT	TION (City, town,	or county)	d	(Stot	le)
23	FUNERAL DIRECTO	R'S SIGNATURE	,	ADDRESS		, -	240. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATURI	E	
1	We Wi	tt Dana	edea	in Less	- el	hind	DAMUN	24'60	Orih	w 8. 7	Trans		

y the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be read by the hospital ar attending physician.

O FUNEN IRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 the registror prior to burial, crematian, or removal, and in any event within 77 hours after death. TO FUNER

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	MARYLAN	D STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18		
	7242	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	7260
1.	PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	Residence before	
	b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) Cheverly	l day	V	densburg		
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Prince Georges Gen		d. STREET ADDRESS	53 rd Ave.	6	IS RESIDENCE ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print) Carolyn	Middle Robe	rts	4. DATE Month OF DEATH Jun	ie 10	1960
	Female White WIDO	WED DIVORCED	8. DATE OF BIRTH 18 Dec. 187	73 last birthdoy) 86 yrs.	FUNDER 1 YEAR Manths Days	Hours Min.
100	a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)	ob. KIND OF BUSINESS OR INDU OWN home	New York		12. CITIZEN OF	A A
13.	Eugene Elberts		Janet Cl			
	WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of service)		W Roberts B	Bladensburg, M		
	18. CAUSE OF DEATH [Enter only one cause poper of the part I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which (b)		in al Bleedin	5- Toestin andit	ONSE	RVAL BETWEEN ET AND DEATH 3
7	gove rise to immediate couse (a), stoting the <u>under-lying couse lost.</u> DUE TO (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITION	usofficier	ney	Variable Control		PERFORMED?
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	escribe how iKjury occurre	D. (Enter nature of injury in Po	art I ar Part II of ilem 18.)		
MEDICA	Hour o. m. Wh	f.a.	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County)	(Stote)
	1	ased from 6 - 6	accurred 5,18 P	6-10, 1960,tl M, fram the causes and ADDRESS (Street, city or town, st Perry St	an the date	
22	PHYSICIAN'S NAME (Type) Dr. W. R. Moyets - BURIAL, CREMATION, 22b. DATE THEREOF	MD. 22c. NAME OF CEMETERY O		inier., Md	caunty)	(Stote)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REPORT SET 1960 St Barnabas Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE

. Gasch's Sons Hyattsville, Md.

Leeland Md.

24b. REGISTRAR'S SIGNATURE 24a. REC'D 8Y REGISTRAR DATE UN 1 4 '60

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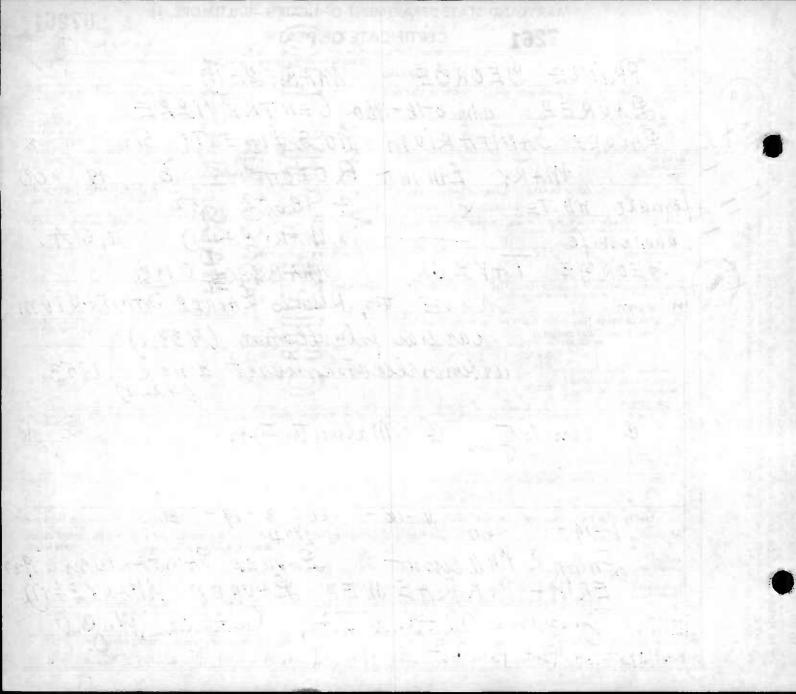
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death certificate



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reflected by the haspital or attending physician. TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled to the forestar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 can should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

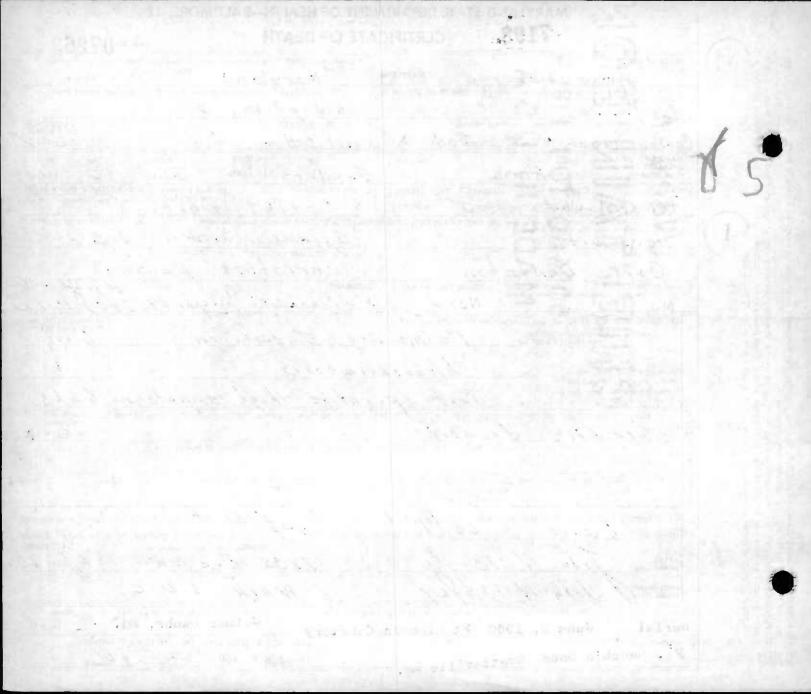
VS A15 (4) 15M 9/55

MARYLAND ST	ATE DEPARTM	ENT OF HEALTH	H-BALTI	MORE, 18		747
7193	CERTIFICA	ATE OF DEATH	Н	R	eg. Dist. No.	7262
1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (WI	here deceased li	b. COUNTY	Residence befor	e odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park Md	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of College	e Park		L and give rea	rest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street addr. OR INSTITUTION 8704 Baltimore ave	ess)	d. STREET ADDRESS 8704 Balti	more a	venue		e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) JOSEPH	HUNTER	ROSE	4. DATE OF DEATH	Manth June	3, 196	
5. SEX 6. COLOR OR RACE 7. MARRIED male white widowed	NEVER MARRIED	8. DATE OF BIRTH Sept 17, 18	884	AGE (In years IF		Hours Min.
	o of Business or Indu al Estate c	o Virgi	nia	iry)	U. S.	F WHAT COUNTRY?
Joseph H. Rose		Carolin		nlaw		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOC (Yes. no. or unknown) (If yes, give wor or dates of service)		Mary C Rose	Colle	Address ege Park	, Md.	
Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONT	itis				IN PART 1(o) 19	PERFORMED? YES NO 124
OR CONTRIBUTING E) CAUSE OF DEATH		D. (Enter noture of injury in I	EN E			
Hour o. ft. While	Nat while to	ACE OF INJURY (Hame, farm ctary, street, office bldg., etc	n, 20f. (City or)	town)	(County)	(State)
21. I certify that I attended the deceased falive on 5 1969 ACTUAL SIGNATURE ACTUAL		occurred at 44042			an the date	w the deceased e stated abave. A DATE SIGNED
PHYSICIAN'S D. R. Purdie	4	Ri	verdale	e, Md.		m
REMOVAL (Specify)	Cedar Hill ADDRESS	Cemetery	Suitla		ounty)	(State)
F. Gasch's Sons Hyatt	sville, Md.	DATE A	100		wa S. Krae	

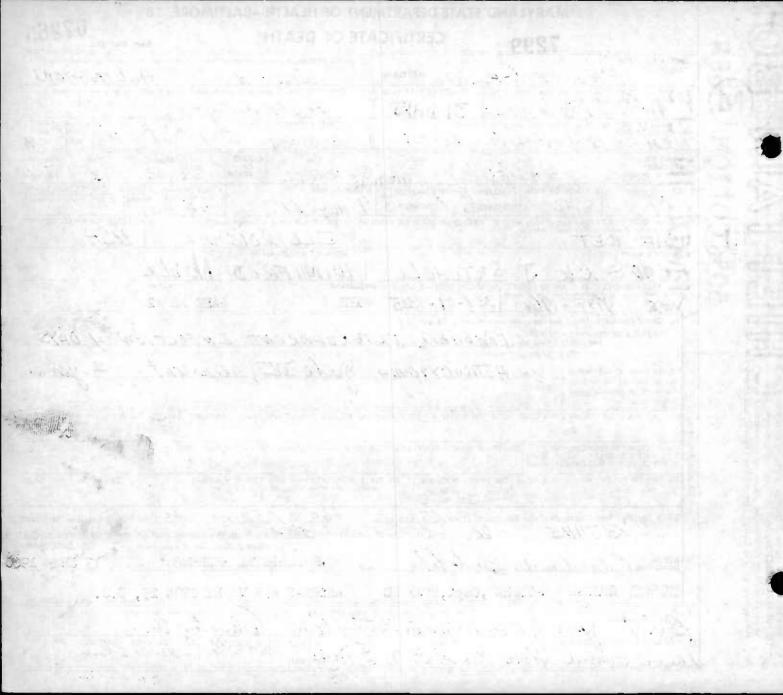
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D HOSPITA & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page		DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it. The funeral director	page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed wit	
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1	MARYLAND STATE DEPARTMEN	NT OF HEALTH-BALTIMO	ORE, 18	
	7198 CERTIFICATE OF DEATH Reg. Dis() 1263			
1	1. PLACE OF DEATH O. COUNTY PINCE George MARYLAND 2	a. STATE Naryland b.	If institution: Residence before admission) COUNTY Pri. Geo.	
	b. CITY OR TOWN (If autside corporate limits, write (c. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town) Hyattsville C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 65 Riverdale, Md.			
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Carroll Manon, 4922 LaSalle Rd.	1 d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO	
3	3. NAME OF DECEASED (Type or print) Anna	tost 4. DATE OF DEATH	Manth Day Year June 6 1960	
65	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. I 7. MARRIED NEVER MARRIED B. I 1. MARRIED DIVORCED	DATE OF BIRTH 9. AGE last 1 90 9	(In yeors birthday) Months Days Hours Min.	
) [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CANI BENGSTON 14. MOTHER'S MAIDEN NAME Christine Nelson			
1				
	15. WAS DECEASEDEVER IN U. S. ARMED/FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	ORMANT M. Lex no dette Josep	Address Agallwell A 4922 La free Cl	
Ī	18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonar	y Infarction	INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if any, which gove rise to immediate (b) Thichoffwo habosi's			
	couse (o), stoting the under DUE TO lying couse lost. DUE TO Test oper	ative thigh om	putation 6 wks	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
- 1				
1	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While at work of twork of two or two			
	21. I certify that I attended the deceased fram April , 1960, to present, 19, that I last saw the deceased alive an 600 Me , 1960, and that death accurred at 600 M, fram the causes and an the date stated above			
	ACTUAL SIGNATURE To him of T3 oyly M.D. 1835 Eye N.W. 6 June 6 L			
	PHYSICIAN'S John 14. T3 A JLY WASH. 6 D, C,			
2	Property of Control of	Colmar	ity, town, or county) (State)	
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F Gasch's Sons Hyattsville Md		24b. REGISTRAR'S SIGNATURE Cothing & House	
F	Jacksville Md.	99)(0	A. / VAMA	



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	704		CERT	IFICA	TE OF DEAT	Н		Reg. Dist. No	266
o. COUNTY Pr	ince Gerog	e	MAR	YLAND	2. USUAL RESIDENCE (W	here deceosed land			ore admission)
b. CITY OR TOWN	(If outside corporate limine nearest town)	ts, write	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (IIF	outside corpord		JRAL ond give ne	earest town)
d. NAME OF HOSE	PITAL (If not in hospitol, g	ive street oneral	Hoppital	1	3914 Newarl	c Road			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John	st	Jacob	е	Simpson	4. DATE OF DEATH	June	th 29 ^D	Yeor 60
S. SEX Male	6. COLOR OR RACE White	7. MARRI	D DIVORC		Sent 25	1901	AGE (In years lost birthdoy) yrs.	Months Days	R IF UNDER 24 HR Hours Min.
Oa. USUAL OCCUPATION during most of we Stone Ma	TION (Give kind of work orking life, even if retired ASON	done 10b.	nst. Bui		TRY 11 BIRTHPLACE (STOR	e or foreign cou	intry)		S. A.
3. FATHER'S NAME Joh	nn Simpson				14. MOTHER'S MAIDEN	NAME	100		
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO 31-12-095		essie M. Sir	npson	(same a	11 - 1	
1443	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	11	usur.	1	in Company		1-1		0
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STORES OF STREET, OF RESIDENCE TO STATE OF STREET sare a control of the limit that the Chekerly Prince George General Buspiles . .. 5014 Newark sond done done done of all the balance повы орозо Commet. Sailding ... Pa. nosomid mass (1 th as ease) describe T. Hispann Course as it it and the season there were to the to the the of the decision but the over the over the order and of the property of and a super state of the state of the state of the state of The they and the Ledwar amor, Md. Serial duty 1 1900 Fort Lancolns A Charle a goons 4738 East. sve, cyar taville, de a come desart de O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftimay be read by the haspital or attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled page 3 should be detached for use as the buriol-transit permit. Then please removed corbon papers. Pages 1 and 2 shift the State Board of Health prior to buriol, cremation, or removal, and in ony event, within 72 haurs after death.

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VR A15 (4)/ 1SM 9/59

death. Poge 4 director

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

nce Georges f outside corporate limits arest town) y Md AL (If nat in haspital, give Georges Ge First Baby Gir 6. COLOR OR RACE COLOR Of Work do ing life, even if retired)	ve street add eneral t 1 7- MARRIED	LENGTH OF STAY 12 day ress) Hospital Middle Smith	YLAND (IN 1b)	usual residence g. STATE Maryl c. CITY OR TOWN Brandy d. STREET ADDRESS Rt 3 B	and If autside corp	b. COUNTY	Prin	e nearest for	orges
AL (If not in hospital, give the conges Geres Ge	ve street add neral 1 1 7- MARRIED	12 day Hospitaa Middle Smith	s	Brandy d. STREET ADDRESS	wine	porate limits, write R	URAL ond giv	e. IS R	
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S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY O	OCCURRED. (E	inter nature of injury	in Port I or P	ort II of item 18.)			
Y Manth, Day, Year	While _	Nat while	20e. PLACE factory	OF INJURY (Hame, to, street, office bldg.,	orm, 20f. (C	ity or town)	(Co	unty)	(State)
eman A. (Thris	Greede .	M.D.	ATTENDING D	MED. DIRECTOR [staff Phys. M	na an the	date state	(we) last ed abave. 22b DATE SIGNED
	F 2	Giboons) Address	Meth. (REMATORY hurch 25a. R	23d. LOC Bra EC'D BY REG	ATION (City, town,	Marylai ISTRAR'S SIGN	ad IATURE	ate)
RI III I III III III III III III III II	RIN U. S. ARMED FORCE If yes, give wor or doles of se TH [Enter anly one county IM WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO TO Which In mediate The under: S UNDERLYING (c) ER SIGNIFICANT CONE S UNDERLYING (c) ER SIGNIFICANT CONE S UNDERLYING (c) IF AUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Year 19 If (I) (this haspital) and alive on (c) Thomas N, 23b. DATE THEREO 6/30/60	If yes, give war or dates of service) TH [Enter anly one couse per line for the was CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO DUE TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO DUE TO DUE TO COLUMN TO DUE TO CO	RIN U. S. ARMED FORCES? If yes, give war or dates of service) TH [Enter anly one couse per line for (a), (b), and (c) TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO LET COUNTY WHICH THE ENTER AND THE TOP TO THE ENTER AND THE TOP TO THE ENTER AND THE TOP	IN U. S. ARMED FORCES? If social security No. 17. INFOIRM [Enter anly one couse per line for (a), (b), and (c).] THE [Enter anly one couse per line for (a), (b), and (c).] THE WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO LET MEDIATE CAUSE (b) LET SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER! Y. Manth, Day, Year 20d. INJURY OCCURRED factory of work and that deal of the deceased from the deceased from the deal of the deceased from the deceased from the deal of the deal	EIN U. S. ARMED FORCES? If yes, give war or dates of service) TH [Enter anly one couse per line for (a), (b), and (c).] TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Color of DEATH MEDICAL EXAMINER White TO COLOR OF DEATH MEDICAL EXAMINER White In Manth, Day, Year White Of Work Of	RIN U. S. ARMED FORCES? If yes, give wor or doles of service) THE [Enter anly one couse per line for (a), (b), and (c).] THE WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO BY, which in mediate the under. (c) CER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE S UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or P. Manth, Day, Year 20d. INJURY OCCURRED work of work. (d) (this haspital) attended the deceased from. DIE THOMAS A. Christensen, M.D. PHYS. DIRECTOR 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. IOC. BY ADDRESS 25a. REC'D BY REG' PROPERTY OF CEMETERY OR CREMATORY 23d. IOC. BY 23d. DORESS 25a. REC'D BY REG' PROPERTY OF CEMETERY OR CREMATORY 23d. IOC. S SIGNIFIER. ADDRESS 25a. REC'D BY REG' 25a. REC'D BY REG'	Eunice Oswald Smith Funice Oswald Smith Fin U. S. ARMED FORCES? If yes, give wor or dates of service) If yes, give wor or dates of service) If [Enter anly one couse per line for (a), (b), and (c).] ITH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Commediate (b) DUE TO (c) Letrack Maller (c) Letrack Maller (d) Letrack Maller (e) Letrack Maller (f) Letrack Maller (g) Letrack Maller (he under: (he unde	EUNICE OSWALD SMITH Address TH [Enter annly one couse per line for (a), (b), and (c).] TH WAS CAUSED BY: **IMMEDIATE CAUSE* (a) **IMMEDIATE CAUSE* (b) **DUE TO **IDUE	Eunice Oswald Smith Eunice Oswald Smith Einter only one couse per line for (a), (b), and (c).] TH (Enter only one couse per line for (a), (b), and (c).] THAN AS CAUSE (a) DUE TO TO TO TO TO TO TO TO TO TO

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the ficote, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages 1 and 2 with the registration to burial cremotian,	
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1	PLACE OF DEATH	7246 Prince Geo	rges	MARYL	AND	2. USUAL RESI		Where decease	ed lived. If inst	VTV -	idence be		ission)
	b. CITY OR TOWN (I	f outside corporate limits, write	RURAL	c. LENGTH OF STAY IN DOA	v 1b		OWN (I	f outside corp	porote limits, wr	te RURAL			wn)
1		al or institution (i		ospital		d. STREET A						ON	ESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Joseph		Middle Filliam	Smi	ith S	R	4. DATE OF DEATH	Mo Ju		Doy 13		'ear 9 60
5	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years		ER TYEAR		ER 24 HRS.
L	Male	white	WIDOWED	DIVORCED [3	1-26-1			52 yr	Month:	Days	Hours	Min.
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1	1'armer 3. FATHER'S NAME			Farming				sylvan	18:		US	A	12.53
ľ	Charles	S. Smith				14. MOTHER'S A							
1		ER IN U. S. ARMED FOI	RCES? 16. 5	OCIAL SECURITY NO.	17. IN	FORMANT	Albe:		oshorn	ne e			
	Yes, no, or unknown)	(If yes, give war or dates of a W.W. 2				seph Smi	t.h	Too	6 50th				
		TH [Enter only one cau TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO ny, which) (b)	se per line fo	Acute	cong	gestive	hear	t fail			INTE	EVAL BETWIET AND DE	et on-
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MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea	r 20d. It While at wor	Not while	PLAC	CE OF INJURY (Horry, street, office I	ome, form oldg., etc	20f. (City	or town)	(1	County)		(Stote)
				emains described Accident		cide, Ho	micide	, U	nspectian to		, 454	DATE S	
	NAME (Type)	John T. Mal					AEDICAL	EXAMINER [0	une l		960	
2	20. BURIAL, CREMATIC REMOVAL (Specify) Burial	June 16,			-			Arli	ngton V	or county irgi	nia.	(Stot	e)
23	F. Gasc		Hyatt	ADDRESS sville Md.				D BY REGIST		GISTRAR'S Ditting		-	

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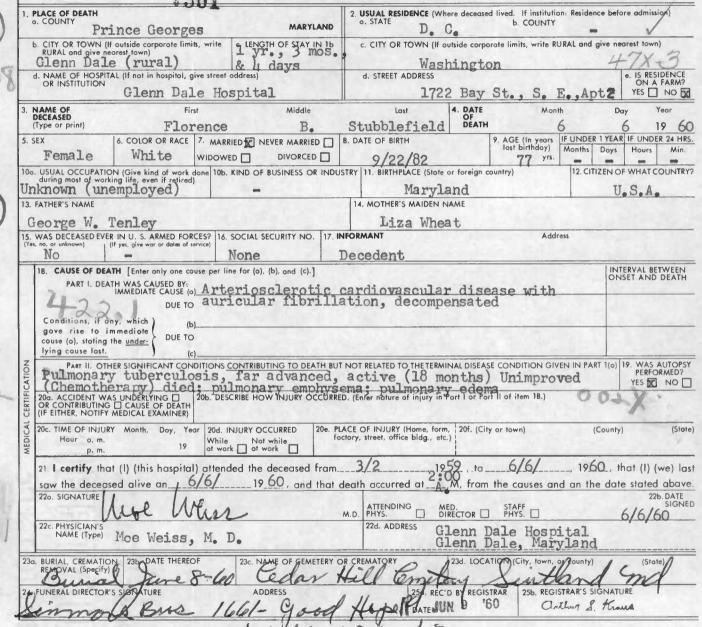
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RURAL,	and give nearest	ide corporate limit town)	s, write c. LE	NGTH OF STAY II	N 1b C. CITY O	R TOWN (IF 6	utside corporate lir	mits, write RURAL or	nd give nearest	town)
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d. NAME OR INS	OF HOSPITAL (I TITUTION	f not in hospital, g	ve street addres	(5)	d. STREET	ADDRESS	1 1	115	e. IS	RESIDENCE N A FARM?
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NAME OF		/ Firs	1 ,	Middle	0	lost	4. DATE OF	Month	Doy	Year
(Type or p		CHA	R/es	E	STA	4/	DEATH	June	2	1960
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MAI	e	white	WIDOWED 🔀	DIVORCED	O Sest.	6-18	75 8	yrs. Month	s Doys Ho	urs Min.
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. FATHER'S		7	VI-1/11		14. MOTHER	S'S MAIDEN N	AME,		, 20,	
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fes, no or unk	iown) (if yes,	give wor or dates of se			Goldie	7/11/11	Kon .	2817-00	depro	de h
In CAL	SE OF DEATH	Catalana and annual and	an and the fee	(a) (b) 1 () 2	-014/	WAT	11612	- 41/1	ORCIT	4ghta
		Enter only one cou	se per line for	(o), (b), ond (c).]	06.	0.	- 0	1		NO DEATH
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OR CON	TRIBUTING C	AUSE OF DEATH I	20b. DESCRIBE	HOW INJURY OC	CURRED. Unier nature	of injury in P	ort I or Pary II of i	tem 1B.)		
	R, NOTIFY MEDI	CAL EXAMINER)								
	OF INJURY M	ionth, Day, Yea			PLACE OF INJURY factory, street, off	(Home, form,	20f. (City or tow	(n)	(County)	(Stote
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		2b. DATE THEREO				Cinc		2		
REMOVA	L (Specify)	1	,	NAME OF CEMET	TERY OR CREMATORY	4	22d. LOCATION (City, town, or county	r) (Stote)
	DIRECTOR'S SIG	0-2-6		1700 .	Reason	n	me.	Mass	ent	16
PUREKAL	DIRECTOR'S SIG	NATURE	1661-	DORESS HO	pe Pase	24a. REC'D	BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
- Ine	mon /	3200.	W		000	DATE ATT	08° a M	Circhur	9 Heart	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH



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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed in the life of the funeral director. Page 4 should be forware to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 angle with the registration to burial, cremation. or removal. VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 THE CAL EXAMINER'S CERTIFICATE OF DEATH

07274 Reg. Dist. Noty O 17 A

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission and COUNTY)	n)
G. COUNTY Junes George MARYLAND G. STATE Manylandb. COUNTY for George	100
b. CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town)	1
Sutland Timent & Sutland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESID	
	10
3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year	
(Type or print) RICHARD HENRY ASS DEATH 9 196	-0
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE / In years IF UNDER 19EAR IF UNDER 2	-
WIDOWED DIVORCED DIVO	n.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY (State or foreign country)	JNTRY?
Ex-Airman 2d class U.S.A.F WAShington, D. C. 21 S.A	
13. FATHER'S NAME	
Henry U. 1388 Minerva E. Cohill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 46 70 Homer H	Ve.
Yes 1956-1958 579-50-3272 Mrs. Minerva E. Tass Suitland Md	,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] HYTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ceshlutes	
DUE TO	
Conditions, if any, which) (b) acute Carbon Managed page	
gave rise to immediate cause (o), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT	
	OB
200. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH.	-/
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Street, office bldg., etc.)	itote)
Hous Oa. m. 6-9 1960 at work at work of ore of Sulland PS	u.
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and fine	that
death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause	
ACTUAL SIGNATURE A.D. CHIEF MEDICAL EXAMINER DATE SIGN	ED
EXAMINER'S ASSISTANT MEDICAL EXAMINER	
NAME (Type) AMES 1. DOVE DEPUTY MEDICAL EXAMINER D 6-9-60	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
Burial June 13, 1960 Arlington National Arlington, Virginia.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE UN 11 0 14 NO FIRST 246. REGISTRAR'S SIGNATURE	
W. W. CHAMBERS CO., Riverdale, Md. DATE and I Strank	

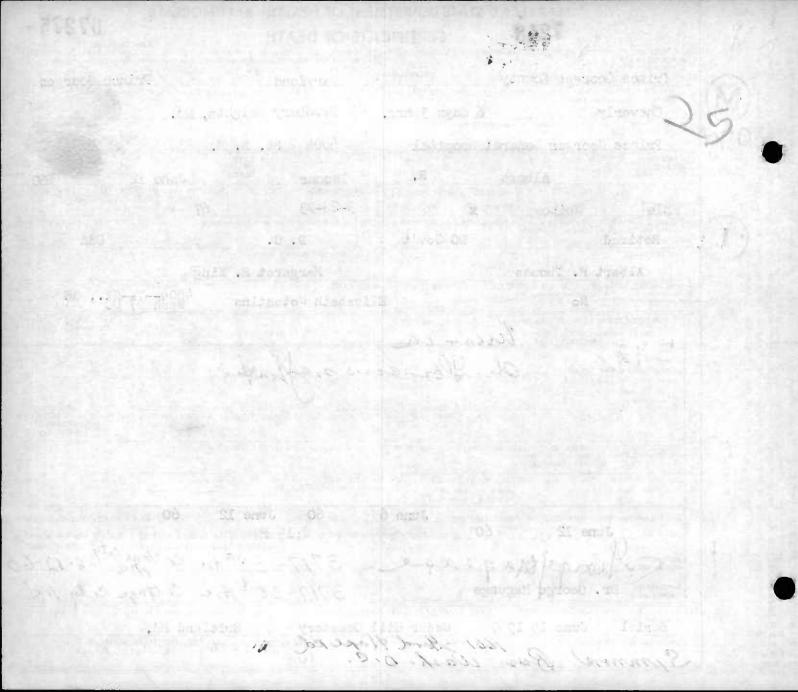
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VS A15 (4) 15M 9/58

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M 077	1. PLACE OF DEATH o. COUNTY Prince b. CITY OR TOWN (RURAL and give in Chever: d. NAME OF HOSPI OR INSTITUTION Prince 3. NAME OF	If autside carpara earest town) Ly
	DECEASED (Type or print) 5. SEX	6. COLOR OR I
	Male 10o. USUAL OCCUPATION during most of wor Retire	king life, even if r
uns offer		rt R. Th
n 72 ha	15. WAS DECEASED EVE (Yes. no, or unknown)	(If yes, give wor or do
event within 72 haurs affer d	18. CAUSE OF DE.	ATH [Enter only of ATH WAS CAUSED IMMEDIATE CAUSED IMMEDI

RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 248 CERTIFICATE OF DEATH

							keg. Dist.	No.	
. PLACE OF DEATH o. COUNTY		AA A DVI		USUAL RESIDENCE (Wh	ere decease	d lived. If institution	on: Residence	before admi	ssion)
Prince Geor	-	MARYL		Maryland			Prince	e Geor	ges
b. CITY OR TOWN (If outside RURAL and give nearest to		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	utside carpo	orate limits, write RI	JRAL and give	e nearest lov	vn)
Cheverly		6 days 3 h	cs. d	5 Bradbury	Heigh	its. Md.			
d. NAME OF HOSPITAL (IF no	ot in hospital, give stre		Y	d. STREET ADDRESS			× 331	ON	SIDENCE A FARM?
Prince Geor	rges Genera	al Hospital		4804 V St	S.	E.		YES [] NO [
NAME OF DECEASED	First	Middle		Last	4. DATE	Mani	th	Day	Year
(Type or print)	Albert	R.		Thomas	OF DEATH	June	12		1960
SEX 6. CO		ARRIED NEVER MARRIE	B. D	ATE OF BIRTH		9. AGE (In years	and the same of th	YEAR IF UND	
2	White WIDO	WED DIVORCED		3-28-93		lost birthdoy) 67 yrs.	Months Do	oys Hours	Min.
 USUAL OCCUPATION (Give during most of working life, 	e kind of work done 10	6. KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE (State	ar fareign c	auntry)	12. CITIZE	N OF WHAT	COUNTR
Retired		DC Gov't		D. C.			4 77	USA	
FATHER'S NAME			1	4. MOTHER'S MAIDEN N	IAME				
Albert R	. Thomas			Margare	et E.	King			
. WAS DECEASED EVER IN U. es. no. or unknown) (If yes. given	S. ARMED FORCES? The wor or dates of service)	6. SOCIAL SECURITY NO.		rmant zabeth Notes	stine	4804 Wasi	Y=-S	t., SE	
18. CAUSE OF DEATH [En	ter only one cause per	line for (a), (b), and (c),]	1					INTERVAL B	FTWFFN
PART I. DEATH WAS		(0), (0), 010 (0).]						ONSET ANI	
I G 7 MMED	PIATE CAUSE (a)	ren- in			_				
Jak	DUE TO	0.0		11	1				
Conditions, if any, whi	IDI -	· Aloz	car	i medi	alle	9			
gove rise to immedia					1				
lying couse last.	er-							100	
	NIFICANT CONDITION	S CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	(a) 19. WAS	AUTOPS
								YES T	ORMED?
20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	DIVING TO JOB D	ESCRIBE HOW INJURY OF	CHORED (6	the autom of injury in 5	Part Los Pos	t II of item 19 \		11.3] 140 [
200. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAL	ISE OF DEATH	ESCRIBE HOW INJURY OC	CURRED. (E	mier nature at injury in r	ori i di Fai	i ii or nem ro.j			
(IF EITHER, NOTIFY MEDICA	IL EXAMINER)								
20c. TIME OF INJURY Mon				OF INJURY (Hame, farm, street, affice bldg., etc.		or tawn)	(Car	unty)	(Stot
Haur a.m.	19 Wh	ile Nat while	, acial y	, sireer, diffice blogs, etc.	1				
		ased from June	06	19 60 ta J	June 1	260			
21. I certify that I a		4				,,	that I last		
alive an June	15	60 , and that	death ac	curred at 8;15	# fram	the causes and	d an the c	date state	d abay
(N)	A .			-	ADDRESS (S	treet, city or town,	sjoje)	to DA	TE SIGN
ACTUAT SIGNATURE	198/10	geaq.	M.D	3717-	384	fre Co	mil	6-	12-
PHYSICIAN'S Dr. G	eorge Hage	age		37/7-3	875	fre Co	Tage	city	ma
	DATE THEREOF	22c. NAME OF CEME	TERY OR CE	REMATORY	22d. LOCA	TION (City, town, o	or county)	(Sto	ote)
Burial J	une 15 196			Cemetery		uitland Mo			FC.
FUNERAL DIRECTOR'S SIGNA	ATURE	166/ADDRESSEL	9/0	pl Pola. REC'	BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN	ATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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D. PLACE OF DEATH		, ,	MARYLAN		USUAL RESIDENCE (W a. STATE	here deceased	lived. If instituti b. COUNTY		befare ad	mission)
P	rince Georg	es	MAKITAN		Marylar			rince G		
b. CITY OR TOWN	(If autside carporate lim	its, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (IF	autside carpor	ate limits, write R	RURAL and giv	ve nearest	tawn)
RURAL and give	_		72 3	16	1					
	heverly		7 days		Laure]				1- 10	RESIDENCE
OR INSTITUTION	PITAL (If not in hospital,	give street	address)		d. STREET ADDRESS				e. 15	N A FARM?
	e Georges G	eners	l Hospital		613 10	th St.			YES	NO
3. NAME OF		rst	Middle	111	Last	4. DATE	Mar	nth	Day	Year
(Type or print)	Kathe	rine			Thomas	OF DEATH	June		26	19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	7 8. D	ATE OF BIRTH		9. AGE (In years			NDER 24 HRS
Female	Black	WIDOW			5 May 1968		last birthday) 92 yrs.		Days Ha	urs Min.
	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY		ar fareign ca	iuptry)	12. CITIZE	EN OF WH	AT COUNTRY
during most of wo	orking life, even if retired	1)			Many	Rack	0	13	.S.	A.
None				T,	A. MOTHER'S MAIDEN	NAME	9		-	
13. FATHER'S NAME	0	ales		Ι'	. MOTHER'S MAIDEN	NAME				
7190	aua 17	wer	M	- 1	Sarah	120	econ			
IS. WAS DECEASED E	VER IN U.S. ARMED FO	RCES2 16	SOCIAL SECURITY NO. 1	7. INFO	MANT		Ado	fress		
(Yes, no, or unknown)	(If yes, give war or dates of	service)								
		Time!							Section (198)	
18 CAUSE OF D	EATH [Enter only one o	guse per li	ine far (a), (b), and (c).]		SERVICE SERVICE SERVICE					L BETWEEN
	EATH WAS CAUSED BY:								ONSET A	AND DEATH
PARI I. D	IMMEDIATE CAUSE	a) AC	renal Failure	3						
6	DUE TO									
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Canditians, if		b) LeT	ATC WD9Ce99			_				
gave rise to	DITE TO	0								
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ZOLEY OLEY OLEY OLEY OLEY OLEY OLEY OLEY	THER SIGNIFICANT CON	ADITIONS.	CONTRIBUTING TO DEATH	ROLNO	I KELATED TO THE TERM	MINAL DISEASE	E CONDITION GI	VEIN IIN FAKI	PE	REOPMED?
¥									YES	NO 🗌
	WAS HINDERIVING IT	20h DES	CRIBE HOW INJURY OCCU	IRRED /F	nter nature of injury in	Part Lar Part	II of item 18.)			
OR CONTRIBUTION (IF EITHER, NOTICE	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	200. 01.	CKIDE HOW HOOK! OCCO	MALD. 1	and nature at injury in					
(IF EITHER, NOTI	FY MEDICAL EXAMINER)									
20c. TIME OF INJ Haur a. m	URY Manth, Day, Yo	ear 20d.	INJURY OCCURRED 20e	. PLACE	OF INJURY (Hame, far	m, 20f. (City	or town)	(Co	aunty)	(State
Haur a. m	1.	While		factory	, street, affice bldg., et	rc.)				
p. m	19	at wa								
	. /// /// 1	15 . 44	ded the deceased fra		Time 10 1/	60.	TIME 26	1060) that ((1) (we) las
21. I certify i	nat (1) (this naspite	ii) atten	ded the deceased tro	ım	ELMINGT. AZ IN	9 9 9 10 9	Office Co			
saw the dece	ased alive anJ	une 2	26 1960 , and the	at dea	h accurred at	AMfram	the causes a	nd an the	date sta	ited abave
22a. SIGNATURE	,					-			4 (10)	22b. DATE,
1	1 1	Dia	1/4-		ATTENDING A	MED.	STAFF		-	SIGNE
N. O.	artin a	NI	U -	M.D		DIRECTOR _	PHYS.		V)	0/26/6
22c. PHYSICIAN'S		vatki	ns, M.D.		22d. ADDRESS	3040	mass	ans	100	,
NAME (Type	DAYTON	1)	MATICIN	S	1	SIALI	- slun	1	ni	*
	1117/010	0			10			-		
23a. 8URIAL, CREMAT	ON, 236. DATE THERE	of c	23c. NAME OF CEMETER	SY OFC	REMATORY	23d. LOCA1	TION (City, tawn,	or county)	0	(State)
REMOVAL (Speci	(12-9	160	Stillian	Mx	,	Mo	21mas	n. il	ed	
Maria	7 1 1	1-0			l los		200	ICTRADIC CLO	ALATURE	
24. FUNERAL PIRECTO	DRS SIGNATURE	0.	ADDRESS	01	7 1 725a. REC	C'D BY REGIST	RAR 2Sb. REG	ISTRAR'S SIG	NATURE	
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a by the haspital at attending physician	XECTOR : After this certificate has been signed by the attending physician and campletely filled in the funeral director,	ild be detached for use as the burial-transit permit. Then please remare carban papers. Pages I and I should be filled with	priar to burial, crematian, ar remaval, and in any event within 72 hours after death.
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age 4	may be retailed by the haspital ar attending physician. TO FUNERAL XECTOR: After this certificate has been signed by the attending physician and completely filled it.	with	the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.
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	729	5	CERTIF	ICA	TE OF D	EATH	1		Reg. D	ist. No.		8
PLACE OF DEATH	ince Georg	es	MARYLA	AND	a CTATE	lary		b. COUNTY	on: Reside	ence before .ce Ge	odmissio	ges
b. CITY OR TOWN (HE RURAL and give ne Colmar N	outside corporote limit grest town) Anor	s, write	10 Months		1/1/		Mane	rote limits, write RI	URAL ond	give neare	st town)	
OR INSTITUTION	AL (If not in hospitol, g wton Stree		dress)		/d. STREET AT 4101		ton St	reet			IS RESI	DENCE FARM? NO 🔯
NAME OF DECEASED (Type or print)	Mittie	1	Rachel		Tucke		4. DATE OF DEATH	June	th	Day 11,		eor 9 60
Female	6. COLOR OR RACE White	7. MARRIE	DINEVER MARRIED		Feb. 2		885	9. AGE (In years lost birthday) 75 yrs.	Months Months	R T YEAR IF	Hours	R 24 HRS. Min.
during most of work	N (Give kind of work or ing life, even if retired) Sewife		nd of Business or n home	INDUST	Te	enn.		ountry)		U.S.		COUNTRY
	enjamin F.	-						h Muller		x		
. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of se	CES? 16. SC	OCIAL SECURITY NO.	1	lia C.	Willi	ams	Same		‡ 2		
Conditions, if or gove rise to in couse (a), storing lying couse last.	the under-		Ure	ine	lero		gen	eraleg	e d	2	o o	gr
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	IBE HOW INJURY OCC	CURRED.	(Enter noture of	injury in	Part I or Por	t II of item 18.)	EN IN PA		PERFOR	NO
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While	URY OCCURRED 2 Not while at wark	Oe. PLA	CE OF INJURY II ory, street, office	dome, form bldg., etc	a, 20f. (City	or town)		(County)		(Stote)
21. I certify the alive an	at I attended the	deceased , 19 6		death .	accurred at	11 4 de		n the causes of feet, city or town,	and an		state	
PHYSICIAN'S NAME (Type) 29 BURIAL, CREMATIO PEMOVAL (Specify)	N, 22b, DATE THEREO	50	22c. NAME OF CEMET	ERY OR	CREMATORY	<u> </u>	226 JOCA	TION (City, town,	or county)	me	(State	ke
3. FUNERAL DIRECTOR'	s SIGNATURE	24	yallsvil	lle	md	240. REC	D BY REGISTUN 14'			S. Krau	4	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07278

arthur S. Kraus

DATE JUN 6

7250 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Bladensberg Cheverly 2days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T rince Georges General 5157 Madison Way NAME OF 4. DATE Middle Month Yeor DECEASED INDERWIND (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs WIDOWED [DIVORCED | Male White YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign cauntry 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) etired D C Gov t Retired School custodian North Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Underwood Anna Munk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address John W Underwood Cheverly Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUF TO couse (o), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or tawn) 20c. TIME OF INJURY Doy, Year Manth. 20d. INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Hour o. m. While Nat while at wark at work 19 & O. that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 3 A alive an .M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. SURIAL CREMATION. 22b. DATE THEREOF 22d, LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Colmar Manor, Md. Ft Lincoln Cemetery June 6, 1960 Burial 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

Hyatts ville, Md.



VS A15 (4)

15M 9/58

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F. Mange a Sons Lynktsville, 1151

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 726-MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07279

		- PW 17 1										
7. PLA 0. C	CE OF DEATH	Prince Ge	orges	MARY	LAND	2. USUAL RESIDENCE (V	Where deceo		tion Reside			
		subside corporate limits, write s- Riverdal		c. LENGTH OF STAY I		6 East		porole limits, write B- Riverd		give n	parest taw	rn)
d. N	STO3	64th Ave		pital, give street address	5)	d. STREET ADDRESS	64t1	n Avenue		4	ON	SIDENCE A FARM? NO
DEC	ME OF CEASED pe or print)	Edm u nd		eorge Va	n	Gorden	4. DATE OF DEATH	June	15	Day		ear 9 60
5. SEX	ale	6. COLOR OR RACE white	7. MARRIE	NEVER MARRIED DIVORCED		6-3-86		9. AGE (In years lost birthdoy) 74 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
10a. U duri	SUAL OCCUPATION MOST OF WORKING Retired	ON (Give kind of work on life, even if refired) machinist	done 10b. K	CIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (Slove Pennsyl		country)	12. CITI	ZEN OI		COUNTRY?
13. FA	THER'S NAME	William V	an G	ordon		14. MOTHER'S MAIDEN France		rry				
15. W/ (Yes, no	AS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of	(Annima)	12-18-3043		FORMANT Pul Britt; E	ast P	Address ines- Riv		е		
90	onditions, if a over rise to immed), stoting the ouse last.	diate couse				tive heart f	The S	e				
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	DNTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART		P. WAS A PERFOR	NOTE
	O. EXTERNAL CALLIMARY OF OF DEATH.	USE WAS NTRIBUTING [] 20	b. DESCRIBI	E HOW INJURY OCCURI	RED. (En	ler nature of injury in Po	rt 1 or Port II	l of îlem 18.)				
MEDICAL	Haur o. m. p. m.	RY Month, Day, Yea	While		e. PLAC foctor	E OF INJURY (Home, formy, street, office bidg., etc.	m, 20f. (Cit	y or town)	(Cou	enty)		(State)
d A	ctual IGNATURE	from: Notural	causes K	Accident [],		e, held an Autops ide, Homicide	EXAMINER C	ER 🗀	cause 🔲		DATE SI	
22g. RI	URIAL, CREMATIC EMOVAL (Specify)	John T. Ma DN, 22b. DATE THEREC June 18)F	22c. NAME OF CEMETE D Ft.Lince			22d. LOCA	ki June ATION (City, town, cadensbur			(Slole	
23. FU	NERAL DIRECTOR			ADDRESS Riverdal		24g, REC	D BY REGIS	TRAR 245, REGIS	STRAR'S SIG	NATUR	RE	

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CERTIFICATE OF BEATH	PREMINER'S
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Endial June 18,1960 Ft. times a Comptery Eladenshur, Surgiand, w. f. Grainers to. Link of the Compter of the Co

TO HOSPIT. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be received by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral direct page 3 should be detached for use as the burial-transit permit. Then please printed around popers. Pages 1 and 2 should be detached. the registrar prior to burial, cremotian, ar remaval, and in ony event within

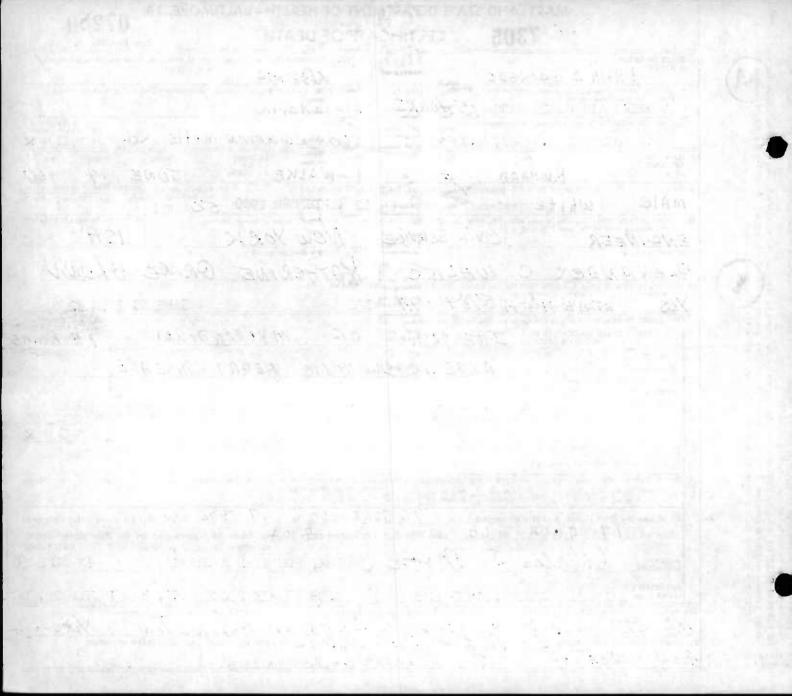
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7305 **CERTIFICATE OF DEATH**

07280

Reg. Dist. No.

1. PLACE OF DEAT	H RINCE GEORGE	o. STATE	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY			
RURAL and gi	/N (If outside corporate limits, writ ve nearest town)	c. LENGTH OF STAY IN	1 A 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	S AIR FORCE BASE		d. STREET ADDRESS	a	0	e. IS RESIDENCE
OR INSTITUTION			2608 Can	neron mil	Is Rd.	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) S. SEX	KICHARD	5	WALKE	DEATH	JUNE	1960 EAR IF UNDER 24 HRS.
MAIR	. 11 1	ARRIED MEVER MARRIED OWED DIVORCED	20 035555555	1909 9. AGE (In last birth		
10a. USUAL OCCUP during most of	ATION (Give kind of work dane 16 working life, even if retired)	Ob. KIND OF BUSINESS OR I	11 - 11	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	112000	1.10/1-	14, MOTHER'S MAIDEN N	VAME CO	10- 6	Louis
15. WAS DECEASED	EVER IN U. S. ARMED FORCES?	WASOCIAL SECURITY NO	INFORMANT	NE OR	Address	renn
(Yes, no, or unknown)	(If yes, give war or dates of service)	579-49-10001				711 110
165	100 FAN 40-14 VET 146	210 10-0181	WIFE	5	SAME AS ITE	
	DEATH [Enter only one couse per DEATH WAS CAUSED BY:		00 11	Unden D'	10	INTERVAL BETWEEN
TONT I	IMMEDIATE CAUSE (a)	ENFARCTION	0 /- M	YOCAR DIL	LIVI	15 hour
43	DUE TO	40	a a	W-40 + 7	: ACT	
	if ony, which) (b)	ARTERIOS	CLEROTIC A	ARAKI D	ISEASE	
	o immediate DUE TO				100	
lying cause I						
PART II.	OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II.						YES NO
200. ACCIDENT	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of ilem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
Hour o.	m. Wh		 PLACE OF INJURY (Hame, form foctory, street, affice bldg., etc 		(Cour	nty) (Stote)
21. 1 certify	that I attended the dece	ased from 16	JUNE, 1960, to	17 JUNE 1	960 that I last	saw the deceased
alive an	17 JUNE 19	60 and that de	ath accurred at 4 00 A	M. fram the caus	es and an the d	ate stated above.
	11	c ~		ADDRESS (Street, city or		DATE SIGNED
ACTUAL SIGNATURE	Charles -	. Moon	M.D. USAF HOSF	TAL ANDREW	IS	17 JUNE 6
PHYSICIAN'S NAME (Type)	CHARLES S MOON	CAPT USAF (N	C) _ANDREWS_A	IR FORCE BA	SE, WASHI	NGTON 25, D
220. BURIAL, CREMA REMOVAL (Spe		22c. NAME OF CEMETER	Y OR CREMATORY A GARdens	ARLING	town or county)	VIRGINII
23. FUNERAL DIREC		ADDRESS 1500	W. BRALLOUMS. REC'	D BY REGISTRAR 24b	. REGISTRAR'S SIGNA	
EVERLY-V	VHERILES	A. ALEXI	ANdRIA VADATE IIII	N 2 1 '60	011 04	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — RAITIMODE BALTIMORE 1, MARYLAND

IMITAL KESEMKON	MIND KECOKE	3 - DWF
CERTIFICA	TE OF	DEATH

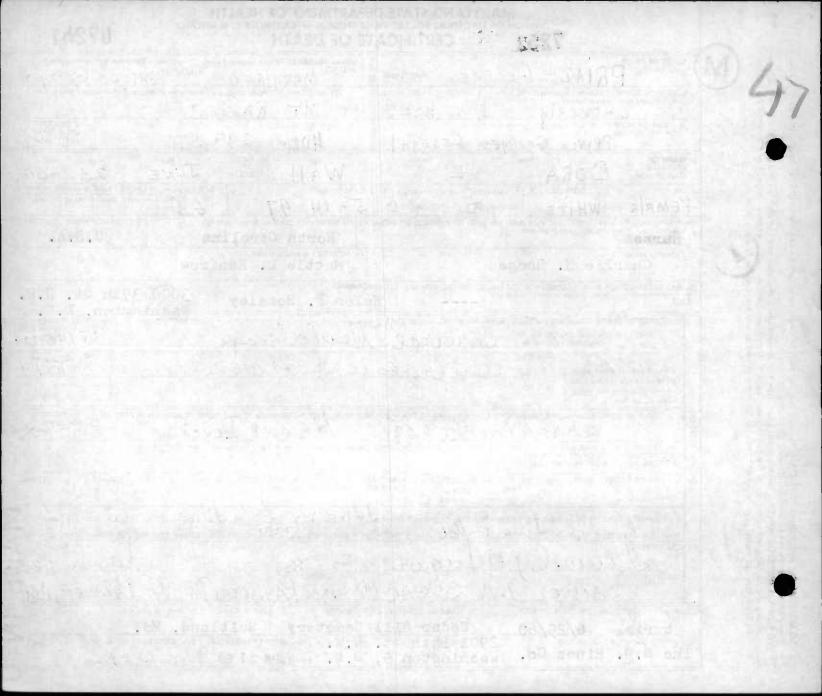
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J	1251 CERTIFICAT	E OF DEATH	O COA
	PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE b. COUNTY PR	sidence before admission) INCE GEORGES
	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) CHEVERIA 3	c. CITY OR TOWN (If outside corporate limits, write RURAL 47 MT RANIER	and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PRINCE GEORGES GENERA	1 d. STREET ADDRESS 4016 29th ST.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) CORA First L Middle	WAII. OF DEATH JUNE	Day Year 23 1960
	FEMALE WHITE WIDOWED DIVORCED B	5-14-97 last birthday) Mon	
	0a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Nurse	North Carolina	U.S.A.
	Charlie H. Hodge	Mattie L. Renfrow	
	(Yes no or inknown) . (If was give wer or doler of service)	elen F. Beasley 3000"	39th St. N.W
	Conditions, if only, which gove rise to immediate couse (o), stating the under-lying cause lost. Conditions, if only, which (b) Celebral College (b) DUE TO (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT N	CONTROLLED CONTROLLED TO THE TERMINAL DISEASE CONDITION GIVEN IN	3 Meeks
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT N CULL CLUB CLUB CLUB CLUB CLUB CLUB CLUB	. (Enter fature of injury in Port I or Port II of item 18.)	YES NO
		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (State)
		eath accurred at 35M, from the causes and ar	the date stated above.
	22a. SIGNATÚRE LIGHT STORMAN S 22c. PHÝSICIAN'S	A.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d.	June 13, 1960
	NAME (Type) SAMUEL V. N. SUGAR M	10 4300 RAYMOOD DR 14T	CALINIER, MY
	burial 6/25/60 Cedar Hill	Cemetery Suitland, Md.	
	The S.H. Hines Co. Washington 9.	N.W. 250. REC'D BY REGISTRAR 25b. REGISTRAR	

TO HOSPITATOR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59



VS A15 (4)

15M 9/SB

3	PLACE OF DEATH	7252			1 2 11	SUAL RESIDENCE (Wh	de	at thread . If the site of	Reg. Di		o od-i-	inel
	COLINITY	ce Georges		MARYI	0	STATE Maryla		b. COUNTY				
	b. CITY OR TOWN (III RURAL and give ne Cheve		ts, write	16 day		College			URAL and g	give ned	rest town	()
	OR INSTITUTION	AL (If not in hospital, gi		address)		STREET ADDRESS					ON A	FARM
	NAME OF DECEASED (Type or print)	Firs Mildr	st	. Middle	Wang	ler	4. DATE OF DEATH	Mani June		16 ^{Po}	,	Year 160
5. 5	SEX F		7. MAR	RIED NEVER MARRIE		e of Birth	03	9. AGE (In years last birthday)	Months	1 YEAR Days	Hours Hours	R 24 HI
0a	. USUAL OCCUPATION during most of wark House	ON (Give kind of work or king life, even if retired)	dane 10b.	KIND OF BUSINESS OF	R INDUSTRY 1	Nashingto			12.CITI	-	WHATC	OUNTR
3.	FATHER'S NAME Wil:	liam H Kei	th			mother's maiden N						
		(If yes, give wor or dates of se		. SOCIAL SECURITY NO.		in G Wangl	er	College		, M	d.	
		TH [Enter only one car	use per li	ine for (a), (b), and (c).]						INTE	RVAL BE	TWEEN
	Conditions if a gave rise to in cause (a), stating lying cause lost.	mmediate (Spes	her.	a ho	gi ca,	7		ONS	EI AND	DEATH
ICATION	Conditions if are gave rise to in cause (a), stating lying cause last. PART II. OTH	DUE TO (b) mmediate the under- (c) CER SIGNIFICANT CONI	DITIONS	CONTRIBUTING TO DEA	the BUT NOT R				EN IN PAR		9. WAS /	AUTOPS
CERTIFI	Conditions if a gave rise to in cause (a), stating lying cause lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING	DUE TO ny, which hamediate the under: (c) JER SIGNIFICANT COND	DITIONS	Sas	the BUT NOT R				EN IN PAR		9. WAS /	AUTOPS
	Conditions if as gave rise to it cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO (b) DUE TO (c) DUE TO DUE TO (d) DUE TO (e)	DITIONS	CONTRIBUTING TO DEA	TH BUT NOT R CCURRED. (Enter		Part I or Par				9. WAS /	AUTOP RMED? NO
CAL CERTIFI	Conditions if ar gave rise to in cause (a), stating I lying cause lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Haur a. m., p. m. 21. I certify the alive an	DUE TO (b) DUE TO The under: (c) DUE TO (c) DUE TO (c) DUE TO (d) DUE TO (e) DUE TO DUE	20b. DES	CONTRIBUTING TO DEA	ATH BUT NOT R CCURRED. (Enter	FINJURY (Home, form reet, office bldg., etc.	June June Address (s	t II of item 18.) or town) 16, 1960, the causes an treet, city or town,	that I la	T 1(a) 1	9. WAS PERFO	AUTOPPRMED? NO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLA	ND STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 1	8
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Res	n. E	Dist.	No.	6	~	U	U

1. PLACE OF DEATH o. COUNTY	Prince Ge	eorg	e	MARYLAND	2. USUAL RESIDER	D.C.		d lived. If institut b. COUNTY		e before admi	ssion)
b. CITY OR TOWN (RURAL and give n	(If outside corporate limit	s, write	c. LENGTH OF	STAY IN 15	-			rate limits, write l	RURAL and g	ive nearest tov	vn)
Hyattsv	ille.		Aprox	2yrs		Wash	ingt	on		47X	-3
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ive street			d. STREET ADD						SIDENCE A FARM?
Carroll		22 I	aSalle	Road		3200	- 1	6th St	reet :		NO
3. NAME OF	Fire			Middle	Last		4. DATE	Moi		Doy	Year
(Type or print)	Regin	na		C.	Watkin	s	OF DEATH	June	2 1		19 60
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER	MARRIED T	8. DATE OF BIRTH	15. 15	(2) (3)	9. AGE (In years lost birthday)		YEAR IF UND	
Female	White	WIDOW	ED DIV	ORCED 🔲	May 2.	1888	}	72 yrs.		Days Hours	Min.
10o. USUAL OCCUPATI	ON (Give kind of work or rking life, even if retired)	lone 10b.	KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHPLAC	E (Stote o	r foreign c	ountry)	12. CITI	ZEN OF WHA	T COUNTRY
	-Supervise		S. Gov	.Dept	.Int.	Wash	ingt	on, D.C	U	.S.	
13. FATHER'S NAME					14. MOTHER'S M						
Nicho	las Watkin	ns.			Mary	Ann	Fole	· V			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURIT	TY NO. 17. 1	INFORMANT				iress		
no	(If yes, give war or dates of se	II AICE!	none	S	r,M.Bern	edet	te J	oseph,	Carro	ll Mar	nor.
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a), (b), ar	nd (c).]						INTERVAL E	
PART I. DE	ATH WAS CAUSED BY:	Co	ronary	Throm	bosis wi	th I	Myoc	ardial	In-	ONSET AN	
900	DUE TO		retion.								
Conditions, if	any, which) (b)	Ar	terioso	lerot	ic Heart	Di	seas	е		5 ye	ars
gave rise to couse (a), stating	immediate (
lying cause last.	Ine under-	Di	abetes	Melli	tus					5 ye	ars
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WAS	AUTOPSY
CATI											ORMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJ	URY OCCURRE	D. (Enter nature of i	njury in Po	ort 1 or Por	t II of item 18.)		ebill Visi	
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yea		NJURY OCCURRE Not while rk at work		ACE OF INJURY IHo clory, street, office b	me, farm, ldg., etc.)	20f. (City	or town)	(C	ounty)	(Stote)
21. I certify t	hat I attended the	deceas	sed from 2/	18/19	158, 19	ta 6	/1/1	960 19	that I l	ast saw the	decense
alive on 6/	1/1960				occurred at						
5	0	1 /	1 4 4 .					treet, city or town			ATE SIGNE
ACTUAL	onas 7	Z	allin	_	M.D. 322-					6/2	/1960
4									~-~~~~	~~~~~	
PHYSICIAN'S NAME (Type)	Thomas F.	Col	lins, M	1. D.	Was	hin	gton	2, D.	C.		
220. BURIAL, CREMATIC		F	22c. NAME OF	CEMETERY C	OR CREMATORY		22d. LOCA	TION (City, town,	or county)	(Ste	ote)
Burial Specify	June 3.	1960	Rock	Creek	Cemeter	v.	Wash	nington	. D.C		
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	Washi	ngton, D?	@ REC'D	BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	NATURE	
Helden	TE COL	2			e.N.W.			60 C	Lithur S.	. Though	

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7306
7306

07284 Reg. Dist. No.

1. PLACE OF D o. COUNTY	Prince Geo	rges	MARYL	AND	2. USUAL RESIDENCE (Where decease	d lived. If institution b. COUNT		dence be		ission)
b. CITY OR T	OWN (If outside corporate limits, write expense town) PMPIE HILL	e RURAL	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (I	If cutide corporate Hill	orate limits, write	RURAL OF	nd give n	nearest to	wn)
	HOSPITAL OR INSTITUTION (Temple Hill Re		ital, give street address)		/d. STREET ADDRESS 6398 Te	emple H	ill Road			ON	A FARM?
3. NAME OF -DECEASED (Type or prin	ni) Frede		Middle William		Weil	4. DATE OF DEATH	June	h	15 Doy		Yeor 1960
5. SEX Male	6. COLOR OR RACE white	7. MARRIES	NEVER MARRIED	_	2-16-185		9. AGE In years Institution Signature Signature	Months	R TYEAR Days	IF UND Hours	Min.
during most o	CCUPATION (Give kind of work of working life, even if retired)		ND OF BUSINESS OR IN Construction			or foreign congton,		12. CI		F WHAT	COUNTRY
13. FATHER'S N	NAME	100			14. MOTHER'S MAIDEN	NAME					
Free	derick W. Weil				Mary S	Slatfor	d				
15. WAS DECE. (Yes, no, or unknow Yes;	ASED EVER IN U. S. ARMED FO				FORMANT Ldred W. We	eil: sa	Address me addre		s #	2.	
gove rise t (o), stotin couse lost	IMMEDIATE CAUSE (o) DUE TO DUE TO Is, if any, which to immediate couse (b) g the underlying (c) T II, OTHER SIGNIFICANT CON				and of chest		CONDITION GIV	/FN IN PA	PT I(a)	2AW 0	AUTOPEY
CATIC							TROVE				NO NO
The state of the s	DEATH.	Se.	lf inflicted	d w	ter nature of injury in Pa						
20c. TIME (7656. 6-15-60		Not while	factor	E OF INJURY (Home, formation), street, office bldg., etc. Home	c.)	or town) ple Hill		Pr. (Geo.	(Stote)
	rtify that I taak charge esulted from: Natural									, and	find the
ACTUAL SIGNATUR	E John ?	- M	aloney	_	M.D. CHIEF MEDICAL E		П			DATE S	SIGNED
EXAMINES NAME (Typ	John T. N	alone			DEPUTY MEDICAL			ne :	15,	196	
REMOVAL	eaf 6-11-1	960	WAShiry	_	nATI.	2	ION (City, town,	PNP	1	(Stat	って
23. FUNERAL DI	IRECTOR'S SIGNATURE	166	ADDRESS H	gre	PASE 240. REC	UN 17		STRAR'S SI	3 (

PROTE OF DEATH			1AOLON		
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		Parameter 2			
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CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY	Prince Georg	ge's MAR	YLAND 2. U	SUAL RESIDENCE (WI	here deceased lived	I. If institutio b. COUNTYD	n: Residence be	fore odmiss Georg	ion)
RURAL ond give Hyatts	ville Md	1 week	IN 1b c	CITY OR TOWN (IF C		mits, write RU	IRAL ond give r	learest town	n)
d. NAME OF HOSE OR INSTITUTION 5512	PITAL (If not in hospital, give N Taylor Road	street oddress)	1	6215	13rd Str	eet			IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Emma	Middle L.	į.	Wheatley	4. DATE OF DEATH	Month Jun		,	Year 19 60
5. SEX female	white w	MARRIED NEVER MARRI	D Augi	re of Birth ust 6, 188	31 7	t birthdoy) B yrs.	Months Days		R 24 HRS. Min.
Ho	TION (Give kind of work done prking life, even if retired) usewife	own home	OR INDUSTRY	New You			U S		COUNTRY?
13. FATHER'S NAME			14.	MOTHER'S MAIDEN		Harri.			
	tthew Kehoe				Emma Wh				
(Yes, no. or unknown)	VER IN U. S. ARMED FORCES' (If yes, give wor or dates of service)					Addre			
	EATH [Enter only one couse	none		nship Whea	atley Jr	Unive	rsity	Park,	Md.
Conditions, if gave rise to cause (o), stotin lying couse los	immediate g the <u>under-</u> DUE TO (c)	anteri	vice	Coroles	Herry	Des	enl		
Ę	THER SIGNIFICANT CONDITI				62 %		N IN PART 1(o)	PERFO	RMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY C	OCCURRED. (Ent	er noture of injury in t	Port I or Port II of	item 1B.)			
20c. TIME OF INJU Hour a. p.		20d. INJURY OCCURRED While Not while of work of work	20e. PLACE O foctory, s	F INJURY (Home, farm treet, office bldg., etc	20f. (City or to	wn)	(Count	r)	(Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	D R Pu		death occu	7909		causes are		ate state	
220. BURIAL, CREMATI REMOVAL (Specif BURIAL	June 8,	22c. NAME OF CEM 1960 Mt Oli	vet Cer		Washing		, .	(Stote	•)
23. FUNERAL DIRECTO		ADDRESS attsville, M	ld.	24a. REC'	D BY REGISTRAR	24b. REGIST	PRAR'S SIGNAT		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be red by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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VS A15 (4) 1SM 9/SB

	7253	CERTIFICA	ATE OF DEAT	H		Reg. Dist.	1728	56
o. COUNTY Prin	ce Georges	MARYLAND	2. USUAL RESIDENCE (W o. STATE		ived. If instituti b. COUNTY	on: Residence		ian)
b. CITY OR TOWN (I RURAL and give no	f autside carporote limits, write corest tawn) Cheverly	c. LENGTH OF STAY IN 16	2 Capital H		e limits, write R	URAL and give	e nearest town	1)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitot, give stree	t oddress)	d. STREET ADDRESS	11				IDENCE FARM?
B. NAME OF DECEASED (Type or print)	Prince Georg	Middle H•	Wilhelm	4. DATE OF DEATH	Mon Ju		Day	Yeor
SEX female	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED D	B. DATE OF BIRTH		AGE (In years lost birthday)	IF UNDER 1 Y	TEAR IF UNDE	,
00. USUAL OCCUPATIO	ON (Give kind of work done 10)	rapper Ret.			ntry)		NOFWHATC	OUNTRY?
3. FATHER'S NAME Charles	L. Huff		Mary C					
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Barl Burett		817- AS	Let St Hght:	t. s. Md.	
Conditions, if a gove rise to it cause (o), stating lying couse last.	the <u>under-</u> DUE TO	Cerebral Thromb	iosclerosis				1 day	DEATH
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1	(o) 19. WAS / PERFO YES X	RMED?
20g. ACCIDENT WA	S UNDERLYING [] 20b. DL	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Part II	of item 18.)			NO []
20g. ACCIDENT WA	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 20d. Whil	INJURY OCCURRED 20e. PI	D. (Enter nature of injury in ACE OF INJURY (Home, for actory, street, office bldg., et	n, 20f. (City o		(Cou		(Stote

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be ref. by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and connected filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7254 CERTIFICATE OF DEATH

Reg. Dist. 0.7287

	PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where decease	ed lived. If institu		ore admission)
		nce George	g	MARY	LAND	20	land			Coomerce
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limit orest town)		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	orate limits, write	RURAL and give ne	earest town
		Cheverly		3 Hrs.		Lanhai				
	d. NAME OF HOSPITA	AL (If not in hospital, gi	ve street a	ddress)		d. STREET ADDRESS	S			e. IS RESIDENCE ON A FARM?
	OK HIGHTONOIT	Prince Ge	orges	General		Ant A	Wi at a			YES NO
3.	NAME OF	Firs		Middle		Apt. A.	4. DATE	AA	onth D	ay Year
	DECEASED (Type or print)	Joseph		н.		illiams	OF DEATH			0 19 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED [] 8.	DATE OF BIRTH		9. AGE (In year last birthday)	IF UNDER 1 YEA	1
	Male	Mox C.	WIDOWED	DIVORCE	D	0-2-22		36 yr	1110111110	Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work d	one 10b. K	IND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLACE (S	tote or foreign	country)	12.CITIZEN C	F WHAT COUNTRY?
	during most of work	ing life, even if retired)		-		10.0	,		C/-	S.M
13.	FATHER'S NAME	one	,			14. MOTHER'S MAIDE	EN NAME			
	Parent	111, lles	-			alie	11	RIM	1 m 1	
15/	WAS DECEASED EVER	IN U. S. ARMED FOR	ES? 16. S	OCIAL SECURITY NO). INI	ORMANT		A Ac	ddgess	
Pro	s, no, or unknown)	If yes, give war or dates of se	rvice)		Ri	hard B	raun	Land	san Ti	200
	18. CAUSE OF DEA	TH [Enter only one con	se per line	for (a), (b), and (c).] -	10	1			TERVAL BETWEEN
1		H WAS CAUSED BY:		Leth	m	ra Cl	rels.	al he	umbe	SET AND DEATH
	4-42	IMMEDIATE CAUSE (a)		10	1		_			0
				12 81 N.	+	1110 (00)	n (640)	VICIL	4.	110
	Conditions, if ar	mediate (1 X II	n	OWS THE	e ca	un.	10-016	and .
	couse (a), stating t			() /						
_	lying cause lost.) (c)								
CERTIFICATION	PART 11. OTH	er significant cont	DITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION O	GIVEN IN PART 1(0)	PERFORMED? YES NO
ERTIFIC	200. ACCIDENT WA	CAUSE OF DEATH	20b. DESCI	RIBE HOW INJURY O	CCURRED.	(Enter nature of injury	in Port I or Po	art II of item 18.)		<u> </u>
		MEDICAL EXAMINER)			_					
MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Yea	While	JURY OCCURRED Not while		E OF INJURY (Home, ry, street, office bldg.,		ly or town)	(County) (Stote)
A	p. m.	19	at work	at work			1			
	21. I certify the	at I attended the	decease	d fram		, 19, ta_		, 19	_,that last sa	w the deceased
	alive an		., 19	, and that	death	accurred at 3:	20 Motham	the causes o	and an the dat	e stated above.
	00	^						Street, city or tow		DATE SIGNED
	ACTUAL	was el	Aces	20001	2 M	o. 3717_38t	b St. N	- TC -		12/60
	310HATORE 253	Y					77-50-1			24. duling 3032
L	PHYSICIAN'S NAME (Type) G	orge Hages	ge			Washing	ton, D.	C.		
220	CURIA), CREMATION REMOVAL (Specify)	6-14-6	0	22c. NAME OF CEM	ETERY OR	crematory Con	ne She	reff /	yor county)	(Stote)
23,	FUNERAL DIRECTOR'S	SIGNATURE C		ADDRESS	ano	1 2 1 24a. 1		STRAR 24b. REG	GISTRAR'S SIGNATI	
IA	Jenry DWa	the remains	52 4	477 1080	arre !	MG 11 L DATE		0 00	arthur S. +	trains

